

Case Number:	CM15-0051660		
Date Assigned:	03/25/2015	Date of Injury:	12/30/2012
Decision Date:	05/19/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on December 30, 2012. He has reported neck pain, back pain, hip pain, left leg pain, arm pain, left elbow pain, and left shoulder pain. Diagnoses have included lumbar intervertebral disc displacement, cervical spine strain/sprain, lumbar spine strain/sprain, lumbar degenerative disc disease, left shoulder pain, and osteoarthritis. Treatment to date has included medications, chiropractic care, epidural injections, physical therapy, acupuncture, and imaging studies. A progress note dated January 26, 2015 indicates a chief complaint of neck pain, lower back pain, and left shoulder pain. The treating physician documented a plan of care that included home exercise, medications, toxicology, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but does not give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation doesn't support that the patient has been treated with narcotic pain medication or that there is suspicion for use or misuse of medications. The request is not medically necessary.