

Case Number:	CM15-0053068		
Date Assigned:	03/26/2015	Date of Injury:	09/12/1998
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on September 12, 1998. She reported neck pain, headaches, left foot and knee pain, left hip pain, dizziness and upper back pain. The injured worker was diagnosed as having cervical disc degeneration, cervical spondylosis without myelopathy, cervicgia, pain in the limb and headache. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently on 2/27/15, the injured worker complains of neck pain, headaches, left foot and knee pain, left hip pain, dizziness and upper back pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 27, 2015, revealed continued pain. She reported no benefit with physical therapy and reported some relief with medications. Medications were renewed and a request for four serum drug screens per year was made to monitor compliancy to prescription drugs. The patient sustained the injury when several loads of bottles fell on top of patient. The medication list include Gemfibrozil, Loratidine, Losartan, Lyrica, Metoprolol, Nebumatone, Omeprazole, Ranitidne. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history include left knee surgical repair in 1999.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 serum drug screens in a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain (updated 04/06/15)Urine drug testing (UDT).

Decision rationale: Request: 4 serum drug screens in a year. Per the CA MTUS guideline cited above, drug testing is Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the guideline cited below, drug testing is the test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. A recent urine drug screen test was not specified in the records provided. A detailed valid rationale for requesting a serum drug screen versus a urine drug screen is not specified in the records provided a detailed report of a previous drug screen as not specified in the records provided. Any history of substance abuse or a high risk for abusing controlled substances was not specified in the records provided. The medical necessity of the request for 4 serum drug screens in a year is not fully established in this patient. Therefore is not medically necessary.