

Case Number:	CM15-0055215		
Date Assigned:	03/30/2015	Date of Injury:	08/01/2007
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 08/01/2007. She reported cumulative trauma type injuries including neck pain associated with headaches, bilateral wrist and hand discomfort, and lower back pain. She is status post right carpal tunnel release in 2006. Diagnoses include multilevel cervical spondylosis and stenosis, lumbar spondylosis with radiculopathy and history of wrist sprain, improved. Treatments to date include medication therapy, physical therapy, and aquatic therapy. Currently, she complained of ongoing pain in multiple locations including the cervical spine, lumbar spine, and bilateral wrists. These pain symptoms were associated with headaches, muscle spasm, radiation of symptoms to lower extremities, and bilateral numbness, tingling and weakness. On 2/20/15, the physical examination documented cervical and lumbar tenderness with decreased range of motion. The plan of care included additional physical therapy, medication therapy, and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, a urine toxicology screen is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for 6 Panel Urine Drug Test is not medically necessary.