

Case Number:	CM15-0080863		
Date Assigned:	05/01/2015	Date of Injury:	07/25/2012
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female, who sustained an industrial injury on 7/25/2012. Diagnoses have included cervical degenerative disc disease with worsening radiculopathy into the right upper extremity, right shoulder pain, muscle spasm and insomnia. Treatment to date has included medication. According to the progress report dated 11/26/2014, the injured worker reported that pain and sleep were a little bit better. It was noted that urine drug testing and CURES report were consistent with current therapy. The injured worker reported some nausea with Ultram. Pain level was rated 2/10. The treatment plan was to continue Ultram and Ibuprofen. Authorization was requested for a retrospective urine drug screen, date of service 1/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen--retrospective DOS 1/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 7/25/2012. The medical records provided indicate the diagnosis of cervical degenerative disc disease with worsening radiculopathy into the right upper extremity, right shoulder pain, muscle spasm and insomnia. Treatment to date has included medication. The medical records provided for review do not indicate a medical necessity for Urine drug screen--retrospective DOS 1/16/15. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs in individuals on treatment with opioids or controlled substance. The MTUS does not specify how often this should be done, but it is based on the risk for abuse or addiction. The records indicate the injured worker was at various times being treated with Ultram, a synthetic opioid. The medical records indicate during the office visit on 11/13/14 the worker was provided with prescription of 15 1/2 tablets of Ultram 50mg to be taken at night; on return appointment on 11/26/14, the injured worker was continued on Ultram but there was no documentation of the quantity prescribed, if any. It is not possible from the medical records provided to determine whether the injured worker was on Ultram or any controlled substance or opioid medication during the office visit date of 1/16/15.