

Case Number:	CM15-0083111		
Date Assigned:	05/05/2015	Date of Injury:	07/01/2005
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

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

This is a 58 year old female with a July 1, 2005 date of injury. At the time (March 26, 2015) of the evaluation relevant to the request, there is documentation of subjective findings (ongoing pain; flare up for the past month; neck pain; headaches; spasms in the shoulder blades; pain in the right hand; lower back pain), objective findings (no signs of sedation; tenderness in the cervical paraspinal muscles; tenderness of the cervical facet joints; trapezius tenderness; multiple trigger points in the cervical paraspinal muscles; edematous right hand with hyperalagia), current diagnoses (cervical spondylosis, myofascial trigger points cervical spine; possible chronic regional pain syndrome right upper extremity) and treatments to date (trigger point injections on the date of service; previous cervical spine fusion; medications, including opioids; psychological counseling) The medical record identifies that medications help control pain. The treating physician documented a plan of care that included a urine drug screen performed in the office on March 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-office urine drug screen done 3/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/06/15) Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 58 year old female has complained of low back pain, shoulder pain and neck pain since date of injury 7/1/05. She has been treated with surgery, trigger point injections, physical therapy and medications. The current request is for urine drug screen done 3/26/15. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.