

Case Number:	CM15-0087709		
Date Assigned:	05/11/2015	Date of Injury:	02/10/1999
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: California

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 57 year old male, who sustained an industrial injury on 2/10/99. The injured worker has complaints of cervical axial pain and headaches. The diagnoses have included myofascial pain syndrome of the head, neck, bilateral shoulders and thoracic paravertebral muscles; bilateral occipital neuralgia; cervicogenic facet-based pain and sleep disturbance, depression and impotence. Treatment to date has included oxycodone; bupropion XL; alprazolam; left knee brace; urine drug screen on 8/11/14 only positive for benzodiazepines; home exercise program; revision left occipital neuroelectrode and right cervical epidural neuroelectrode and replacement left cervical epidural neuroelectrode on 7/15/10. The request was for one quantitative urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One quantitative urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Drug Testing section, Opioids Criteria for Use section, page(s) 43, 112. The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. According to available documentation, the injured worker has been weaned off of all opioid-based medications. The request for one quantitative urine drug screen is determined to not be medically necessary.