

Case Number:	CM15-0089474		
Date Assigned:	05/13/2015	Date of Injury:	07/01/2009
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49-year-old male, who sustained an industrial injury on 7/1/09. The injured worker was diagnosed as having cervicgia and C5-6 Disc bulge. Treatment to date has included oral medications including Cialis, Cymbalta, Embeda, Gabitril, Ibuprofen, Imitrex, Inderal, Loratidine, Lyrica and Prilosec, epidural steroid injections and physical therapy. Currently, the injured worker complains of neck pain and discomfort rated 5/10 with radiation to right and left arm, upper back and headaches and weakness in right and left arm. The injured worker notes substantial benefit from medications. Urine drug screen performed on 11/19/14 was within normal limits. Physical exam noted normal gait, mild tenderness to palpation of paraspinous area of cervical spine and lower back pain. A request for authorization was submitted for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the mid- and lower back that went into the legs, upper back pain that went into the arms, arm weakness, and headaches. Treatment recommendations included the use of a restricted medication, including an opioid. The Guidelines support attentive restricted medication monitoring for addiction and diversion. In light of this supportive evidence, the current request for urinary toxicology testing is medically necessary.