

Case Number:	CM13-0031020		
Date Assigned:	12/04/2013	Date of Injury:	04/02/2000
Decision Date:	02/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old female who reported an injury on 04/02/2000 after being struck on the head by some boxes. The patient reportedly sustained an injury to her upper back, left shoulder, and head. The patient's medications included Medrox Dosepak, ibuprofen 800 mg, and Norco 10/325 mg. The patient was regularly monitored for aberrant behavior through urine drug screens. The patient's most recent clinical exam findings included restricted cervical range of motion described as 40 degrees in flexion, 50 degrees in extension, 60 degrees in right and left rotation, and 40 degrees in right lateral flexion, and 30 degrees in left lateral flexion with a positive right sided depression test in the shoulder and tenderness to palpation with spasms of the cervical musculature. It was also noted that there was decreased sensation in the C6-7 and C5 through T1 dermatomes. Examination of the lumbar spine revealed limited range of motion described as 45 degrees in flexion, 10 degrees in extension to degrees in right and left lateral flexion. The patient's diagnoses included brachial neuritis or radiculitis, and cervical spine stenosis. The patient's treatment plan included continued medication usage, an orthopedic evaluation, and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen 9/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Urine Drug Screen.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is regularly taking controlled substances that would require monitoring for aberrant behavior; however, the MTUS Chronic Pain Guidelines recommend random drug testing when there is suspicion of aberrant or no adherent behavior or suspicion of illicit drug use. The clinical documentation submitted for review does not provide any evidence that the patient has any drug seeking behaviors or behaviors that would indicate illicit drug use. Additionally, the Official Disability Guidelines recommend patients at low to moderate risk submit to random urine drug screens up to 3 times a year. The clinical documentation submitted for review does provide evidence that the patient has already undergone several urine drug screens for the year of 2013. Therefore, additional urine drug screens would not be supported by guideline recommendations. As such, the request for a retrospective urine drug screen for 09/11/2013 is not medically necessary and appropriate.