

Case Number:	CM13-0063103		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	05/05/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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:

This 52 year-old male sustained an injury on 7/16/12 while employed by the [REDACTED]. Request under consideration include a toxin screen (urine toxicology screen) for Hydrocodone, Tylenol, Cannabinoids, Benzodiazepines, Oxycodone, and Tegretol. Diagnoses include low back pain/ S1 radiculopathy; headaches; cervical radiculopathy; s/p TBI with multiple facial fractures and dental malocclusion; history of childhood PTSD; diabetes mellitus; PVD; and BPD. The patient sustained an injury while attempting to control a horse. Report of 7/3/13 from the provider noted patient had follow-up for TBI with secondary low back and neck pain, headaches, dental occlusion, and TMJ fracture; left hip pain radiated to foot. Exam showed "almost full range of motion to cervical spine; no pain to palpation to the paraspinous muscles or trapezius area; extremities were normal; lumbar spine with no spasm or tenderness to palpation of paraspinous muscles; no pain to palpation repercussions of SI joints or sciatic nothces; range of motion lumbar spine full without signs of pain; tenderness over left trochanter; motor was normal; sensation was intact." Diagnoses included s/p TBI with multiple facial fractures; dental malocclusion; low back pain; cervical radiculopathy; history consistent with PTSD from childhood. Treatment included MRI of lumbar spine. Report of 11/5/13 noted reported head and neck pain along with headaches located behind left eye. Medications list Vicodin; Xanax; Metformin; and Quinapril. The patient was anticipated to be P&S in 4 to 6 weeks. Request for the above urine toxicology screening was non-certified on 11/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXIN SCREEN (URINE TOXICOLOGY SCREEN) FOR HYDROCODONE, TYLENOL, CANNABINOIDS, BENZODIAZEPINES, OXYCODONE, TEGRETOL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-82.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding drug testing, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of tenderness without acute neurological deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. According to MTUS guidelines, documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The request for a toxin screen (urine toxicology screen) for Hydrocodone, Tylenol, Cannabinoids, Benzodiazepines, Oxycodone, and Tegretol is not medically necessary and appropriate.