

Case Number:	CM14-0112387		
Date Assigned:	08/01/2014	Date of Injury:	03/22/2013
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational Medicine, 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 54 year old patient had a date of injury on 3/22/2013. The mechanism of injury was cage of a large heavy duty trash can disengaged from railing and struck him on his head. In a progress noted dated 5/30/2014, subjective findings included sharp pain in his head, pain in the neck, pain in left shoulder. On a physical exam dated 5/30/2014, an objective finding included decreased range of motion with flexion 45 degrees in cervical spine, and is presently not taking any medications, except a Topical Analgesic. Diagnostic impression shows L/S radiculopathy, headache Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/30/2014 denied the request for urine Toxicology, stating that medical records do not establish there is concern for this patient using illegal drugs. Furthermore, this patient is noted to only be on Topical medications, and urine screens only detect oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Indicators and predictors of possible misuse of controlled substances and/or addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-228.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines: ACOEM Guidelines for the Chronic Use of Opioids states on Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In the reports viewed, and in the most recent progress report dated 5/30/2014, the patient is not noted to be on any oral medications. Furthermore, there was no aberrant drug behavior noted. Therefore, the request for urine toxicology is not medically necessary.