

Case Number:	CM14-0119407		
Date Assigned:	09/24/2014	Date of Injury:	11/22/2000
Decision Date:	10/27/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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:

Patient is a 65 year-old female with date of injury 11/22/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/09/2014, lists subjective complaints as daily severe headaches, and pain in the cervical spine, thoracic spine and lumbar spine with radicular symptoms to the lower and upper extremities. Patient is currently taking Imitrex, Cyclobenzaprine, and Hydrocodone 2.5mg. Objective findings: Cervical spine: Flexion was 10 degrees, extension 10 degrees. Tenderness and spasm were palpable over the paravertebral musculature. Thoracic spine: Tenderness and spasm were palpable over the paravertebral musculature bilaterally. Rotation was 30 degrees bilaterally. Lumbosacral spine: Tenderness was palpable over the paravertebral musculature with spasm bilaterally. Flexion showed 30 degrees from fingertips to floor. Extension was 10 degrees. Straight leg test produced pain in the lumbar spine extending down the thigh posteriorly bilaterally. Decreased sensation was noted for both upper and lower extremities. Diagnosis: 1. Cervical spine spondylosis 2. Thoracic spine musculoligamentous sprain 3. Lumbosacral spine spondylosis. Laboratory result report dated 12/11/2012 indicated that the patient had a urine toxicology. A UR determination of 04/28/2014 certified a 10 panel random urine drug screen for quantitative analysis with confirmation testing only for inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology testing in 60-90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Chapter Urine Drug Testing (UDT)

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that the previous urine drug screen had been used for any of the above indications. Therefore, this request is not medically necessary.