

Case Number:	CM14-0124610		
Date Assigned:	08/08/2014	Date of Injury:	07/28/2011
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine, has a subspecialty in 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 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:

The injured worker is a 50-year-old male who reported injuries after being struck on the top of his head by a tree branch with loss of consciousness on 07/28/2011. On 06/27/2014, his diagnoses included chronic pain syndrome, cervical degenerative disc disease, post laminectomy syndrome of the cervical neck, history of fusion of the cervical spine, ulnar neuropathy, closed C3 fracture, scapular fracture, left shoulder pain, dizziness, and depression. On 06/11/2014, his medications included Nucynta ER 150 mg, rizatriptan 10 mg, amitriptyline 25 mg, sumatriptan 100 mg, clonazepam 1 mg, duloxetine 60 mg, Percocet 5/325 mg, and prednisone 5 mg. On 06/27/2014, it was noted that the Nucynta ER was denied due to the lack of ongoing effectiveness and no improvement in function. He was started on MS Contin 45 mg. The CURES report on 05/21/2014 was consistent with his prescribed medications. This injured worker had signed an opioid agreement on 05/21/2014 and underwent a urine toxicology analysis on the same day, which was consistent with what was being prescribed. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse(tolerance, Dependence, Addiction))Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had any aberrant drug related behaviors. Additionally, the drugs being screened for were not specified in the request. Therefore, the request for Urine drug screen is not medically necessary.