MAXIMUS Federal Services

Case Number:	CM14-0145680		
Date Assigned:	09/12/2014	Date of Injury:	04/01/2001
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & 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:

The patient is a 73-year-old female who has submitted a claim for Herniated Nucleus Pulposus of the cervical spine associated with an industrial injury date of 04/03/2001.Medical records from February 2014 to August 2014 were reviewed which showed neck pain 7/10, radiating down both shoulders, left greater than right with burning sensation in both shoulders. Physical examination from latest progress notes dated 08/19/2014 showed tenderness over the left cervical paraspinals and trapezium and limited range of motion of the cervical spine. Treatment to date has included yoga exercises and water aerobics. Medications include Ambien and Flexeril for exacerbations only. A urine drug screen for medication compliance was requested for the next visit after 3 months.Utilization review, dated 08/29/2014, denied the request for urine drug testing because there is no documentation that the patient uses any controlled medications. There is no documentation of any subjective or objective complaints consistent with potential drug abuse. MTUS guidelines do not support ongoing, random, or non-random urine drug screen testing except in the context of a formal opioid treatment agreement, and to screen for use of illegal drugs prior to commencing treatment with opioids. There is no indication that there is any plan to start this patient on opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS at next office visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDSOpioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Work Loss data Institute, ODG treatment in Worker's Compensation, 7th edition, 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of neck pain radiating to both shoulders. However, the medical records submitted for review showed no documentation of current treatment with opioids. The patient is currently taking Ambien and Flexeril for exacerbations only. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for Urine Drug Screen is not medically necessary.