

Case Number:	CM14-0180619		
Date Assigned:	11/05/2014	Date of Injury:	09/15/2003
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

The underlying date of injury in this case is 9/15/2003. The patient's diagnoses include a herniated cervical disc, bilateral shoulder impingement, status post bilateral carpal tunnel release, third finger right hand trigger finger, and bilateral lateral epicondylitis. On 9/8/2014, the patient was seen in treating orthopedic follow-up. The patient complained of pain in the neck, radicular symptoms to the arms and hands. The treating physician refilled medications including Zanaflex, Norco, Anaprox, and Prilosec. On 9/8/2014 a urine drug screen was collected; no opioids or other medications were detected. Previously, on 5/20/2014 a urine drug screen detected hydrocodone and hydromorphone. A prior physician review recommended non-certification of chromatography given the lack of clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative collected at 9/9/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on drug testing states this is recommended as an option, to assess for the use or presence of illegal drugs. Given ongoing opioid use in an injury over a decade old, the guidelines do support physician discretion in scheduling the requested urine drug screen to rule out aberrant behavior. This request is consistent with the treatment guidelines. The request is medically necessary.