

Case Number:	CM14-0185216		
Date Assigned:	11/13/2014	Date of Injury:	09/03/1999
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice 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 is a 59 years old female patient who sustained the injury on 9/3/1999. The current diagnoses include brachial neuritis, lumbar and cervical post laminectomy syndrome, displacement of cervical and lumbar intervertebral disc displacement without myelopathy, neck pain, carpal tunnel syndrome and primary fibromyalgia syndrome. Per the doctor's note dated 9/16/2014, she had complaints of pain in the left neck, left upper back, and mainly left upper extremity with weakness of the left upper extremity and burning pain and tingling down to the 4th and 5th digits. The physical examination revealed cervical spine- tenderness of the C8/T1 spinous process, normal range of motion and pain with motion; 5/5 strength and symmetrical deep tendon reflexes in bilateral upper extremities; decreased sensation in C5 and C6 dermatomes on the left side. The current medications list includes hydrocodone and zoloft. She has had cervical spine MRI dated 11/20/13 which revealed status post anterior cervical fusion and degenerative changes; CT scan of the cervical spine dated 3/18/2014 which revealed solid fusion at C4-5 and C5-6, a possible annular bulge at C6-7 and a right sided foraminal stenosis at C3-4 and C5-6. She has had urine drug screen on 9/16/14, which was consistent with hydrocodone. She has trial of cervical spinal cord stimulator in 11/2012. She has undergone cervical and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Routine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medication list includes hydrocodone and zoloft. The patient has already had a urine drug screen on 9/16/14 which was consistent with hydrocodone. Rationale for repeat screening is not specified in the records provided. Any evidence that the patient has a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The medical necessity of Routine Drug Screening is not established for this patient at this juncture.