

Case Number:	CM14-0187299		
Date Assigned:	11/13/2014	Date of Injury:	08/20/2013
Decision Date:	12/23/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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:

This is a 43-year-old male with an 8/20/13 date of injury. The patient injured his neck when he was moving a desk up a flight of stairs at work. According to a progress report dated 9/30/14, the patient reported severe neck pain that radiated down his right arm. His current medications included Soma, Norco, and gabapentin. Objective findings: decreased range of motion of neck, moderate spasm of trapezius muscle, decreased pain and touch sensation in T1 and C7 nerve distribution in right hand. Diagnostic impression: cervical discogenic disease at C6-C7, C7-T1, possibly C5-C6, thoracic pain. Treatment to date: medication management, activity modification. A UR decision dated 10/28/14 denied the request for urine drug screen. There is no reason to perform confirmatory testing unless the testing reveals inappropriate or unexpected results. In this case, there currently and previously is no evidence noted of aberrant behavior and a urine drug test was performed within the last 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for date of service 09/30/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, ; Urine Testing in Ongoing Opiate Management, Chronic Use of Opioids Page(s): 43,.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, the patient is noted to be taking the opioid medication Norco. In addition, the patient's urine drug screen from 5/13/14 detected Hydromorphone, which was not prescribed, and marijuana. Guidelines support routine urine drug screens in patients utilizing chronic opioid therapy, especially in the presence of aberrant behavior. Therefore, the request for Urine drug screen for date of service 09/30/2014 was medically necessary.