

Case Number:	CM14-0092346		
Date Assigned:	07/25/2014	Date of Injury:	06/13/2002
Decision Date:	10/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 injured worker is a 54-year-old female who reported an injury on 06/13/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculopathy, neck pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. Past medical treatment consisted of physical therapy, the use of a TENS unit, trigger point injections, and medication therapy. Medications included Nucynta, Prilosec, Colace, Skelaxin, Lyrica, Trepadone, and Gabadone. On 05/27/2014, a urinalysis was obtained showing that the injured worker was in compliance with her prescription medications. On 05/27/2014, the injured worker complained of bilateral shoulder pain. It was noted on the physical examination that the injured worker had pain score of 4/10 at current visit and since the last visit the pain score had averaged about 5/10. Without pain medication, the injured worker's score was 10/10 and with medication the injured worker's pain was 3/10. There was no evidence of testing being done on the injured worker in regards to motor strength, sensory deficits, or range of motion. Medical treatment plan is for the injured worker to undergo a drug screen and continue with medication therapy. The rationale and request for Authorization were not submitted for review.

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 Opioids.

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

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. A urine drug screen submitted on 05/27/2014 showed that the injured worker was in compliance with her medications. It is unclear as to why the provider is requesting an additional urine drug screen. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.