

Case Number:	CM14-0213380		
Date Assigned:	12/30/2014	Date of Injury:	06/09/1999
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year old female sustained a work related injury on 6/9/1999. The current diagnoses are post cervical laminectomy syndrome, cervicgia, brachial neuritis or radiculitis, depression, insomnia, and anxiety. The 12/10/2014 progress report was not available in the records provided. According to the progress report dated 6/24/2014, the injured workers chief complaints were chronic, severe neck and arm pain due to failed neck surgery syndrome. The pain is rated 5/10 with medications and 10/10 without. She has associated muscle spasm, insomnia, anxiety, and depression. Additionally, she reports left knee and heel pain. The physical examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles at C2-C3. Range of motion was limited. There was decreased sensation in the right C5, C6, and C7 region. The motor strength of the right upper extremity was decreased. Current medications are Percocet, Morphine Sulfate, Soma, Lidoderm 5% patch, Ativan, Seroquel, Zoloft, and Addaprin. No diagnostic imaging reports were specified in the records provided. The treating physician prescribed a urine drug screen, which is now under review. Work status was permanent and stationary. On 12/18/2014, Utilization Review had non-certified a prescription for urine drug screen. The urine drug screen was non-certified based on no documentation of any potential issues, such as abuse, addiction or pain control. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing Page(s): 78, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: 1 urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends random drug testing. The ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation indicates that the patient's prior urine drug tests were all normal. The documentation indicates that the patient does not have high risk behavior. The documentation is not clear on how many prior urine drug tests have been performed. Without this information the request for 1 urine drug screen is not medically necessary.