

Case Number:	CM15-0011556		
Date Assigned:	01/29/2015	Date of Injury:	02/06/2006
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female with an industrial injury dated February 6, 2006. The injured worker diagnoses include cervical radiculopathy, cervical sprain/strain, cervical fusion, myofascial pain syndrome and cervical laminectomy on June 4, 2014. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the progress note dated 12/22/14, the injured worker reported pain and discomfort. Objective findings revealed well healed surgical scar of the cervical spine and pain with range of motion. Documentation noted that the injured worker was taking prescribed medication for pain control, spasm and depression. The treating physician prescribed a retrospective request for a urine drug screen for date of service 12/22/14. Utilization Review determination on January 15, 2015 modified the retrospective request to a partial certification for urine drug screen for date of service 12/22/14 (random urine sample consisting of a 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results) x1, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/22/14) Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation ODG-TWC guidelines chapter Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 02/06/06 and presents with cervical spine pain. The retrospective request is for a URINE DRUG SCREEN DOS 12/22/14. There is no RFA provided and the patient is on temporary totally disability. The patient had a prior UDS on 10/27/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The 12/22/14 report indicates that the patient is taking Norco, Cymbalta, and Flexeril. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine drug screen IS NOT medically necessary.