

Case Number:	CM15-0015089		
Date Assigned:	02/03/2015	Date of Injury:	06/08/1999
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: Internal 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 6/8/1999. She reported a trip and fall, injuring her neck and shoulder. Diagnoses include migraine, insomnia, cervical radiculopathy, chronic pain and rotator cuff sprain. Treatments to date include arthroscopic debridement and rotator cuff repair of the right shoulder, physical therapy and medication management. A progress note from the treating provider dated 12/3/2014 indicated the injured worker reported left neck pain, left shoulder pain and left arm pain. On 1/20/2015, Utilization Review non-certified the request for a retrospective urine drug screen (12/3/2014), citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

(DOS) 12/03/14 For Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreeme.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's report dated 12-03-2014 documented prescriptions for Norco 7.5/325 mg, Fioricet with Codeine, and Ambien, which are controlled substances. Norco is a Hydrocodone combination product. Hydrocodone and Codeine are opioids. MTUS guidelines support the use of urine drug screens for patients prescribed opioids. Therefore, the request for a urine drug screen is medically necessary.