

Case Number:	CM15-0115445		
Date Assigned:	06/23/2015	Date of Injury:	05/30/2012
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female sustained an industrial injury on 5/30/12. She subsequently reported right shoulder pain. Diagnoses include cervical spondylosis, brachial neuritis and cervical postlaminectomy syndrome. Treatments to date include MRI and x-ray testing, cervical disc surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there is tenderness at the right pelvic graft site, numbness at the anterior and lateral thigh, there is decreased sensation in the right C6-7, normal bilateral upper extremity strength and Spurling's test is positive on the right. A Retrospective request for urine drug screen (DOS: 6/3/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen (DOS: 6/3/15): Overturned

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

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

Decision rationale: The IW is treated with long-term use of opioids and a urine drug screen has been requested for routine screening. According to MTUS, urine drug screening or testing, is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Discussion supporting routine UDS is further mentioned in "Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Considering that the IW is taking short-acting opioids for a long term basis risk for dependence and/or abuse is increased, therefore routine screening is appropriate intermittently even if there are no clearly reported risks for abuse or dependence. The request is medically necessary.