

Case Number:	CM15-0116136		
Date Assigned:	06/24/2015	Date of Injury:	03/27/2013
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
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: Texas, Florida, California

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 55 year old male sustained an industrial injury on 3/27/13. He subsequently reported neck pain. Diagnoses include back disorder, brachial neuritis, neuralgia/ neuritis, sprain of lumbar region and sprain of neck. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremities and neck pain that radiates to the upper extremities. Upon examination, diffuse tenderness to palpation was noted over the lumbar paraspinal muscles, moderate tenderness to palpation and spasm was noted over the cervical paraspinal muscles. Gait was antalgic on the left. Ranges of motion were reduced in the cervical and lumbar regions. Seated straight leg raising caused low back pain at 50 degrees on the left and 70 degrees on the right. A request for Retro DOS: 4.6.15 outpatient chromatography drug screen 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:

Retro DOS: 4.6.15 outpatient chromatography drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Confirmatory Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: This 55 year old male sustained an industrial injury on 3/27/13. He subsequently reported neck pain. Diagnoses include back disorder, brachial neuritis, neuralgia/ neuritis, sprain of lumbar region and sprain of neck. Gait was antalgic on the left. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids and; (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.