

Case Number:	CM15-0118805		
Date Assigned:	06/29/2015	Date of Injury:	01/14/2002
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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, Hawaii

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 64 year old female, who sustained an industrial injury on January 14, 2002. Treatment to date has included spinal laminectomy, anti-depressant medications, and pain medications. Currently, the injured worker complains of continued pain in the middle of the neck into the bilateral scapular regions. She describes her neck pain as constant, dull and tightness. She rates her pain a 7-8 on a 10-point scale without medications and a 3-4 on a 10-point scale with medications. With her medications she is able to perform light housework and help with her grandchildren. On physical examination the injured worker has good upper extremity range of motion and strength. She reports tenderness to palpation over the cervical spinous process and the right scapular region of the upper back. The diagnoses associated with the request include cervical disc disease, post-laminectomy pain syndrome and supraspinatus tendinopathy of the right shoulder. The treatment plan includes continued Norco, discontinuation of Cymbalta, gabapentin for neuropathic pain and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 89.

Decision rationale: The patient presents with pain affecting the cervical spine and right shoulder. The current request is for UDS. The treating physician states in the report dated 5/28/15, "She was picked to have a urine drug screen." (24B) The treating physician also documents that the patient has been taking Norco. The MTUS guidelines state that for opioid usage, "Urine drug screens may be required," and the ODG guidelines recommend urine drug screening for low risk patients once a year. In this case, the treating physician has not performed a drug screening for this patient this year. The current request is medically necessary.