

Case Number:	CM15-0121817		
Date Assigned:	07/06/2015	Date of Injury:	02/28/2008
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 2/28/08. He has reported initial complaints of head, neck, left shoulder and left arm injuries. The diagnoses have included cervicalgia, brachial neuritis and cervical spondylosis. Treatment to date has included medications, activity modifications, off work, other modalities, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6/8/15, the injured worker complains of neck and left arm pain associated with intermittent numbness and paresthesias in the left arm. The pain is described as aching, sharp, shooting and burning and rated 7-8/10 on pain scale. The average pain is rated 7-8/10 and pain relief with medications is 60-70 percent. It is noted that a urine drug screen was administered and was negative as the injured worker took his last dose of Norco a week ago. The physical exam reveals that the cervical spine has decreased range of motion with increased pain. There is diminished sensation to light touch. The current medications included Norco and Ibuprofen. The urine drug screen dated 9/4/14 and 12/3/14 was inconsistent with the medication prescribed. The physician requested treatment included Toxicology - Urine Drug Screen, QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Urine Drug Screen, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. In this patient's case, there have already been two abnormal drug screens, however the prescribing physician's documentation does not address this fact. An additional drug screen is not medically necessary without documentation addressing the first two abnormal drug screens. Therefore, this request for additional drug testing is not considered medically necessary.