

Case Number:	CM15-0179571		
Date Assigned:	09/21/2015	Date of Injury:	09/23/2012
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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:

This 45 year old woman sustained an industrial injury on 9-23-2012. The mechanism of injury is not detailed. Diagnoses include headaches and neck pain with radiculopathy. Treatment has included oral medications and surgical intervention. Physician notes dated 8-11-2015 show complaints of head, neck, bilateral shoulders, and right arm pain rated 5 out of 10 with an average pain rating over the past week of 7 out of 10. Also reported are numbness and a pins-and-needles sensation to the face and neck. The worker states he is continuing to wean the Oxycodone. The physical examination reveals no significant findings to the mouth, airway, skin and head. A cervical spine examination is not included and a depression index revealed mild depression symptoms. Recommendations include medication refills and urine drug screen, performed at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with neck pain radiating into the right arm with numbness and tingling in the right thumb and right index finger. The request is for Urine Drug Screen. Physical examination to the cervical spine on 09/01/15 revealed tenderness to palpation over the right suboccipital area and base of right cervical paraspinal muscles. Range of motion was associated with pain. Per 09/08/15 Request For Authorization form, patient's diagnosis includes postlaminectomy syndrome. Patient's medications, per 06/25/15 Request For Authorization form include Oxycodone and Oxycontin. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The treater has not discussed this request. Review of the medical records provided did not indicate prior urine screen testing. The patient had been utilizing opioids (Oxycodone and Oxycontin) since at least 04/10/14. ODG states that an annual screening is sufficient for "chronic opiate use in low risk patient." The request appears to be reasonable and is within the guideline recommendations and therefore, is medically necessary.