

Case Number:	CM15-0026403		
Date Assigned:	02/18/2015	Date of Injury:	07/01/2000
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female sustained a work related injury on 07/01/2000. According to a progress report dated 10/30/2014, the injured worker complained of cervical spine pain that she rated 9 on a pain scale of 1-10. Pain was increased since her last visit. Pain radiated in the bilateral shoulders with occasional numbness and tingling sensation. The injured worker reported that her medications caused dizziness and was not helping the pain. Diagnoses included cervical radiculopathy, cervical facet arthropathy, status post C7 fusion and status post T12 laminectomy. Treatment plan included a decrease in Percocet. She was given refills of Motrin, Valium and Flexeril and was started on a long-term opioid, Oxycodone. The provider noted that the injured worker would undergo urine drug screening testing to obtain a baseline level. The provider noted that he needed to ensure that the injured worker was not receiving medication from multiple prescribing physicians or illicit drugs. She had a history of anxiety and depression which put her at high risk for narcotic abuse and dependency according to ACOEM Guidelines. According to a progress report dated 12/18/2014, the urine drug screen on 10/30/2014 was inconsistent of not showing Valium and Flexeril. The injured worker did have a difficult time of receiving medication in the last visit and may not have received in a week prior to consultation. The provider noted that he needed to monitor her closely. A random urine drug test was performed. On 01/23/2015, Utilization Review modified the appeal request of one urine toxicology screen to a ten panel random urine drug screen for qualitative analysis. According to the Utilization Review physician, the claimant's results from a previous urine drug screen had inconsistent results. Valium and Flexeril were not detected while the claimant was on these

medications. The request was modified for a ten panel urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x 1. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Drug Testing, and Title 8 Chapter 4.5 Division of Workers' Compensation Sub-chapter 1 Administrative Director-Administrative Rules Article 5.5.2 Medical Treatment Utilization Schedule.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.