MAXIMUS Federal Services

Case Number:	CM15-0072737		
Date Assigned:	04/23/2015	Date of Injury:	10/13/2001
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois
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:

The injured worker is a 65-year-old female, who sustained an industrial injury on 10/13/2004, due to an automobile accident. The injured worker was diagnosed as having lumbago-cervicalgia, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and cervical spondylosis without myelopathy. Treatment to date has included diagnostics, surgical intervention to the lumbar spine in 2012, surgical intervention for right carpal tunnel syndrome in 2013, and medications. The progress report, dated 2/11/2015, noted chronic stable narcotic use. Urine drug screen was performed and was documented as consistent with prescribed medications. Currently (3/10/2015), the injured worker complains of continuing low back pain with radiation to the left lower extremity and bilateral wrist pain. Medication use included Norco, Oxycontin, Elavil, and Prilosec. The medical record documented no evidence of misuse or diversion of the medications. Urine drug screening was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids / urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (Chronic) Official Disability Guidelines (ODG)Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 10/13/2004. The medical records provided indicate the diagnosis of lumbagocervicalgia, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and cervical spondylosis without myelopathy. Treatment to date has included surgical intervention to the lumbar spine in 2012, right carpal tunnel syndrome surgery in 2013, and medications. The medical records provided for review do not indicate a medical necessity for Urine toxicology. The medical records indicate the injured worker had similar test in 2/2015 with no evidence illegal activity; there is no history of drug abuse or psychiatric disorder or history of alcoholism. The MTUS recommends the use of drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines recommends that individuals a "low risk" of addiction/aberrant behavior (this includes individuals with no psychiatric history) be tested within six months of initiation of therapy and on a yearly basis thereafter. Therefore, the requested test is not medically necessary since this injured worker has already been tested within this year.