

Case Number:	CM15-0075041		
Date Assigned:	04/24/2015	Date of Injury:	10/20/2012
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 48-year-old female patient who sustained an industrial injury on 10/20/2012. A recent follow up visit dated 01/07/2015 reported the patient with subjective complaint of significant aching pain in the neck, which is bilateral and radiates into both upper extremities. The radiating pain is noted worse on the left and it goes into the lateral arm. She gets paresthesia's to bilateral hands/fingers. She has undergone electro-nerve conduction study, computerized tomography myelogram, magnetic resonance imaging. Current medications are: Norco, Soma, Ambien, and Zofran. A primary treating office visit dated 10/15/2014 reported the impression as: cervical pain; cervical degenerative disc disease; right C6 radiculopathy; right rotator cuff strain; chronic pain syndrome; headaches, and low back pain. Medications were refilled at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain. Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has significant aching pain in the neck, which is bilateral and radiates into both upper extremities. The radiating pain is noted worse on the left and it goes into the lateral arm. She gets paresthesias to bilateral hands/fingers. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Toxicology Screen is not medically necessary.