

Case Number:	CM15-0079885		
Date Assigned:	04/30/2015	Date of Injury:	08/08/1997
Decision Date:	07/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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:

The injured worker is a(n) 78 year old male, who sustained an industrial injury on 8/8/97. He reported pain in his neck. The injured worker was diagnosed as having cervical sprain, occipital neuralgia and myofascial pain. Treatment to date has included several medications including Celebrex, Tramadol and Neurontin, but had to stop due to side effects. There are no previous drug screens in the case file and no documentation of drug abuse. As of the PR2 dated 4/7/15, the injured worker reports pain in his neck that radiates down both arms and into his hands. He rates his pain 8/10 without medications and 7/10 currently. Objective findings include moderate spasms in the cervical paraspinal musculature and a positive axial compression maneuver. The injured worker reported being unable to take Zorvolex due to the side effects. The treating physician requested a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens, Steps to avoid misuse of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 08/08/97 and presents with pain in his neck which radiates down both arms and hands. The request is for 1 urine drug screen. The RFA is dated 04/09/15 and the patient is permanent and stationary. The patient had a prior urine drug screen conducted on 01/12/15 and was consistent with his prescribed medications. "Positive values: none." While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is diagnosed with cervical sprain, occipital neuralgia, and myofascial pain. The reason for the request is not provided. As of 04/07/15, the patient is taking Tramadol, Butrans, Lyrica, and Celebrex. The 04/07/15 report states that the patient has a "signed narcotic agreement on file. Patient does not exhibit any aberrant drug seeking behavior." The treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. The treatment report dated 04/07/15 clearly indicates that the patient is not at risk for any aberrant behaviors. Therefore, the request for another urine drug screen is not medically necessary.