

Case Number:	CM15-0091261		
Date Assigned:	05/15/2015	Date of Injury:	03/11/2011
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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, Alabama, 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 03/11/2011. He has reported injury to the neck. The diagnoses have included cervical disc degeneration; chronic pain syndrome; and cervical post-laminectomy syndrome. Treatment to date has included medications, diagnostics, cervical epidural injection, surgical intervention, and home exercises. Medications have included Norco and MS Contin. A progress note from the treating physician, dated 04/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain which radiates to the bilateral upper extremities; neck pain is rated at 5/10 on the pain scale with medications, and 9/10 without medications; neck pain interferes with sleep; headaches associated with photophobia; and headache pain is rated 7.5/10 on the pain scale. Objective findings included tenderness to palpation of the left and right paracervicals, the trapezii, and the rhomboids, and left and right trapezius trigger point pain; C8 decreased sensation of the fourth and fifth digits, ulnar hand, and distal forearm; and decreased cervical spine range of motion. The treatment plan has included the request for urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT).

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 Urine drug screen is not medically necessary.