

Case Number:	CM15-0095232		
Date Assigned:	05/21/2015	Date of Injury:	11/01/2006
Decision Date:	06/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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(n) 58 year old female, who sustained an industrial injury on 11/1/06. She reported pain in her left shoulder due to lifting a heavy object. The injured worker was diagnosed as having cervical radiculopathy, cervical disc displacement, anxiety, stress and sleep disorder. Treatment to date has included a cervical MRI on 12/3/14 showing degenerative central stenosis C4-C7, extracorporeal shockwave therapy, chiropractic treatments and an EMG/NVC study. Current medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabrodol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. Last urine drug screen was noted to have been done on 11/3/14. As of the PR2 dated 2/9/15, the injured worker reports 5/10 pain in her neck and 6-7/10 pain in her low back. She stated that the medications provide temporary pain relief and improve her ability to sleep. The treating physician requested an outpatient drug screen to include: drug screen qualitative; amphetamines; benzodiazepines; opiates; dihydrocodeine; and dihydromorphinone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: outpatient drug screen to include: drug screen qualitative; amphetamines; benzodiazepines; opiates; dihydrocodeine; and dihydromorphinone DOS: 02/09/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS from 11/3/14. There is no documentation as to why another UDS was needed within 3months a prior normal test. Poor documentation does not support UDS. Urine Drug Screen is not medically necessary.