MAXIMUS Federal Services

Case Number:	CM15-0096988		
Date Assigned:	05/27/2015	Date of Injury:	12/15/2004
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 12/15/2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic neck pain status post laminectomy on 3/25/2011, cervical stenosis, cervical radiculopathy and cervical disc protrusion and bulging. Treatments to date include activity modification, medication management, physical therapy and epidural steroid injections. Currently, he complained of neck pain. The pain was rated 8/10 VAS at worst and 2/10 VAS with medication. Current medication included Norco, Percocet, Duragesic patch and Soma. On 3/25/15, the physical examination documented decreased cervical range of motion and patchy sensation abnormalities along the right upper extremity. There were diminished reflexes symmetrically. The medical records included a urine drug screen from December 2014. The plan of care included a urine toxicology screen obtained at the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen, retrospective (DOS 3/25/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but does not give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case, the documentation does not support that the provider is concerned that the patient is abusing narcotic medications. There is no change in level of pain or function. Therefore, this request is not medically necessary.