

Case Number:	CM15-0097987		
Date Assigned:	05/29/2015	Date of Injury:	01/10/2003
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: Family Practice

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 46 year old female, who sustained an industrial injury on 1/10/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having neck pain related to cervical disc herniation, low back pain, cervical disc bulges and discogenic lumbar spine pain. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, lumbar neurolysis and medication management. In a progress note dated 5/5/2015, the injured worker complains of back pain and stiffness, rated 3-4/10 and shoulder pain rated 5/10. The prior urine drug screen on 10/31/2014 was within normal limits. Current medications include Norco, Flexeril and a compounded cream. The treating physician is requesting a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-88.

Decision rationale: This patient receives treatment for chronic pain involving the neck and low back. The patient has become opioid dependent. The patient has received a ESI and a neurolysis procedure. The patient describes the symptoms as burning, numbness, and weakness. This review addresses a request for a urine drug test. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical 'red flags' include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.