

Case Number:	CM15-0098159		
Date Assigned:	06/02/2015	Date of Injury:	03/18/2009
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This 64-year-old man sustained an industrial injury on 3/18/2009. The mechanism of injury is not detailed. Diagnoses include cervicalgia and cervical post-laminectomy syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 4/20/2015 show complaints of neck pain rated 6/10 with medications and 7/10 without medications. Recommendations include Methadone, Ibuprofen, laboratory testing, urine drug screen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen four per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, differentiation: dependence & addiction.

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

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records submitted for review do not establish that the injured worker has issues of abuse, addiction or poor pain control to support the request for serum drug screen. The request for Serum Drug Screen for four per year is not medically necessary and appropriate.