

Case Number:	CM13-0015320		
Date Assigned:	10/07/2013	Date of Injury:	07/24/2012
Decision Date:	03/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient sustained an injury on 7/24/12. Request under consideration include 1 urinalysis drug screening between 07/12/2013 and 07/12/2013. Report of 1/8/13 from provider noted chronic neck pain radiating to left shoulder; left shoulder pain radiating to wrist with locking and popping; left wrist/hand pain with numbness and tingling; and low back pain with prolonged sitting, standing, and walking. Exam showed positive compression test at neck; left elbow with positive Tinel's; left wrist with positive palmar compression test and Phalen's; lumbar spine discomfort with dysesthesia in L5 and S1 dermatomes; no radiculopathy. Diagnoses included cervical discopathy; lumbar discopathy; left Cubital/ carpal tunnel syndrome. Treatment included multiple diagnostics of MRIs and EMG/NCS with modified duty; no medications prescribed. Follow-up on 7/16/13 noted chronic persistent neck, shoulder, and left upper extremity symptoms "is essentially unchanged." Exam also remained unchanged. Treatment included home exercise program, waiting for surgical authorization, and continuing with medications as needed. Request for UDS was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient sustained an injury on 7/24/12. Request under consideration include 1 urinalysis drug screening between 07/12/2013 and 07/12/2013. Diagnoses included cervical discopathy; lumbar discopathy; left Cubital/ carpal tunnel syndrome. Follow-up on 7/16/13 noted chronic persistent neck, shoulder, and left upper extremity symptoms "is essentially unchanged." Exam also remained unchanged. Treatment included home exercise program, waiting for surgical authorization, and continuing with medications as needed. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this 2012 injury. Presented medical reports from provider have unchanged chronic severe symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 1 urinalysis drug screening between 07/12/2013 and 07/12/2013 is not medically necessary and appropriate.