

Case Number:	CM13-0017946		
Date Assigned:	03/26/2014	Date of Injury:	07/18/2011
Decision Date:	08/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 07/18/2011. The mechanism of injury is unknown. His medications as of 06/04/2013 included amlodipine, bystolic, Cymbalta 60 mg, Diovan HCT, Naprosyn 500 mg, and Vicodin 5/500 mg. Progress report dated 06/04/2013 states the patient presented for follow-up of cervical pain. He describes his pain as dull and rates it as 3/10. He reported back stiffness, radicular pain in the right and left arm with weakness in the left arm as well. He also reported pain in his occipital lobe and right trapezius and right shoulder blade. He has shooting pain into his right elbow into his right axilla. Objective findings on exam revealed muscle strength 5-/5 in all muscle planes. He has tenderness at the AC joint, moderately over the anterior capsule and biceps tendons and bicipital groove. On spinal exam, the neck revealed pain to palpation over the C2 to C3, C3 to C4 and C4 to C5 facet capsules, bilaterally secondary to myofascial pain with triggering and ropey fibrotic banding bilateral, positive Spurling's maneuver on the right. There is also positive maximal foraminal compression test on the right and pain with valsalva on the right as well. He is diagnosed with intra-articular shoulder pain, focal entrapment neuropathy of the median nerve at the wrist and right axial cervical spinal pain. The patient has been recommended Vicodin 5/500 mg, Naprosyn 500 mg, and Cymbalta 60 mg. Prior utilization review dated 07/29/2013 states the request for retrospective (dos: 6/4/13)/prospective review- urine drug screen is partially certified and has been modified to 10 panel random urine drug screen for qualitative analysis (laboratory testing only performed on inconsistent results), Vicodin/Norco 5/500mg #60 are partially certified and has been modified to Vicodin/Norco 5/500 mg #60 x3 month supply; Naprosyn 500mg #60 is partially certified and has been modified to Naprosyn 500 mg #60 x3 months; and Cymbalta 60mg has been partially certified and has been modified to Cymbalta 60 mg x3 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 6/4/13)/PROSPECTIVE REVIEW- URINE DRUG SCREEN:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Urine test > Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Urine test>.

Decision rationale: The CA MTUS recommends urine drug test as an option to assess for the use or the presence of illegal drugs. ODG recommends urine drug test as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion to prescribed substances. The medical records provided document that previous urine drug test dated 6/4/13 was consistent with all medicine prescribed, there is no reason indicated as to why provider is ordering another urine drug test when the claimant would be at low risk for drug abuse. Based on the CA MTUS and ODG as well as the clinical documentation stated above, the request is not medically necessary and appropriate.