

Case Number:	CM13-0037211		
Date Assigned:	05/05/2014	Date of Injury:	07/23/2012
Decision Date:	06/02/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 37-year-old who was injured after being tased on July 23, 2012 which led to her having chronic neck, right shoulder, and low back pain. Degenerative changes were also noted on imaging studies following the injury, and she was diagnosed with strain/sprain of the cervical spine superimposed on disc desiccation and disc bulges with mild stenosis, right shoulder rotator cuff tendinosis and subacromial bursitis, compensatory left shoulder pain, and strain/sprain of the lumbar spine superimposed on mild disc desiccation and disc protrusion. She also was diagnosed with bilateral knee and ankle pain related to an injury that happened after the initial injury. She was treated with a shoulder steroid injection, acupuncture, physical therapy, home exercises, NSAIDs (non-steroidal anti-inflammatory drugs), lidoderm patch, She was able to return to usual work duty later in the course of her recovery. A urine drug screening test was performed on May 22, 2013, which was negative for any drug use. On July 24, 2013 the worker reported to her treating physician low back pain and right shoulder pain. The physician then ordered another drug screen which was reported on August 2, 2013 and was also negative for drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN DOS: 8/2/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS Page(s): 43, 77-88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that drug testing is an option to be used to assess for the use or the presence of illegal drugs. Urine drug screening is typically used in situations where the patient is using or the physician is considering using opioid medications to help treat chronic pain. The Chronic Pain Medical Treatment Guidelines states that drug screening used when the patient is exhibiting signs of abuse, addiction, or poor pain control in relation to opioid use such as observed intoxication, negative affective state, and excessive requests for refills on opioid type medications. In this case, the worker was not currently prescribed or using any opioid or any other type of potentially addictive drugs, and did not exhibit any signs of addictive or abuse behavior, according to the notes provided. Also no explanation by the ordering physician as to why the drug screen would be justified was seen in the documents provided. The request for a urine drug screen, provided on August 2, 2013, is not medically necessary or appropriate.