

Case Number:	CM13-0048936		
Date Assigned:	04/14/2014	Date of Injury:	04/02/2000
Decision Date:	05/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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 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 an employee of [REDACTED] and has submitted a claim for brachial neuritis or radiculitis, cervical spinal stenosis, thoracic and lumbar sprain / strain associated with an industrial injury date of 04/02/2000. The treatment to date has included cervical and lumbar epidural steroid injections, chiropractic care, physical therapy, acupuncture, and medications including hydrocodone, tramadol, cyclobenzaprine, and ibuprofen. The utilization review from 10/29/2013 denied the request for retrospective urine drug screening collected on 10/9/13, Qty 1 because based on the available records, the patient did not have an indication for such screening since there were no issues of abuse, addition, or poor pain control. Medical records from 2012 to 2013 were reviewed showing that patient has been complaining of occasional headaches, constant neck pain radiating to the upper extremities, frequent mid-back pain, occasional low back pain and constant right shoulder pain. Physical examination showed tenderness and spasm at lumbar spine. The range of motion of cervical spine was 40 degrees towards flexion, 50 degrees extension, 65 degrees on bilateral rotation, and 30 degrees on bilateral lateral flexion. Left shoulder range of motion showed forward flexion at 160 degrees, extension at 25 degrees, abduction at 160 degrees, adduction at 40 degrees, internal/external rotation at 70 degrees. Thoracic range of motion showed flexion at 35 degrees, and 15 degrees on bilateral rotation. Lumbar range of motion showed flexion at 35 degrees, extension at 10 degrees, and lateral flexion bilaterally at 15 degrees. Motor strength was graded 5/5 at all extremities. Deep tendon reflexes were equal and symmetric. Sensation was intact. The patient underwent one-time Proove Biosciences Drug Metabolism laboratory test on 12/17/2012 to identify which medications will suit him best. The results revealed that patient had an Overall Drug Metabolism Grade C, indicating a compromised drug metabolism. A reduced medication dosage was necessary and noted by his treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-91.

Decision rationale: As stated in California MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, patient's current oral medications include Tramadol, Naproxen, and Percocet (Oxycodone/Acetaminophen). However, the result of the most recent urine drug screen, dated 10/14/2013, revealed Hydrocodone and Tramadol which is not expected from the prescribed medications. There is no recent entry stating a possible explanation in this regard. While there has been no discussion of aberrant behavior, there has also been no management response from the inconsistent results from the multiple urine drug screens. Therefore, the request for retrospective UDS is not medically necessary.