

Case Number:	CM13-0057621		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2012
Decision Date:	12/30/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 & 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 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:

This patient sustained an injury on 10/23/12 while employed by [REDACTED]. Request(s) under consideration include Urine Drug Screen DOS 10/30/2013. Diagnoses include Right shoulder sprain; right elbow strain versus lateral epicondylitis; and possible cervical radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/30/13 from the provider noted the patient with chronic persistent right elbow pain rated at 4/10; medications and elbow brace help- requesting for refills. Exam showed heel-toe walk normal; right elbow with tenderness; cervical spine range of motion is decreased by 10% and negative Spurling's/Lhermitte's testing; normal DTRs, sensory, and power testing in bilateral upper and lower extremities. X-rays of the cervical spine, right elbow and shoulder were normal. MRI of the right shoulder was within normal limits. Treatment included PT; MRI of right elbow, medication refills and UDS. The patient remained on limited work restrictions. The request(s) for Urine Drug Screen DOS 10/30/2013 was non-certified on 11/12/13 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:

Urine Drug Screen DOS 10/30/2013: Upheld

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

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

Decision rationale: This patient sustained an injury on 10/23/12 while employed by [REDACTED] [REDACTED] Request(s) under consideration include Urine Drug Screen DOS 10/30/2013. Diagnoses include Right shoulder sprain; right elbow strain versus lateral epicondylitis; and possible cervical radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Tramadol, Tylenol, and Ibuprofen. Report of 10/30/13 from the provider noted the patient with chronic persistent right elbow pain rated at 4/10; medications and elbow brace help- requesting for refills. Exam showed heel-toe walk normal; right elbow with tenderness; cervical spine range of motion is decreased by 10% and negative Spurling's/Lhermitte's testing; normal DTRs, sensory, and power testing in bilateral upper and lower extremities. X-rays of the cervical spine, right elbow and shoulder were normal. MRI of the right shoulder was within normal limits. Treatment included PT; MRI of right elbow, medication refills and UDS. The patient remained on limited work restrictions. The request(s) for Urine Drug Screen DOS 10/30/2013 was non-certified on 11/12/13. Per 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 chronic 2012 injury. The patient has been P&S and is not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. 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 Urine Drug Screen DOS 10/30/2013 is not medically necessary and appropriate.