MAXIMUS Federal Services

Case Number:	CM14-0000495		
Date Assigned:	01/10/2014	Date of Injury:	02/09/2011
Decision Date:	12/04/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 54-year-old female with a 2/9/11 date of injury, when she fell, twisted, wrenched, and sustained injuries to both shoulders and wrists. The patient underwent left and right shoulder surgery. The patient was seen on 9/19/14 with complaints of ongoing pain in the neck, mid-back, left and right thumbs and low back pain radiating into bilateral legs. Exam findings revealed tenderness to palpation over cervical, thoracic and lumbar spine paraspinal muscles and restricted range of motion of cervical and lumbar spine. There was tenderness in both thumbs and the grip strength was stronger on the left. The patient was noted to be on Naproxen, Tramadol and Orphenadrine. The diagnosis is right elbow neuropathy, right cubital syndrome, right carpal tunnel syndrome, left trigger thumb, cervical myofascial pain, lumbar radiculopathy and bilateral shoulder pain. Treatment to date: left and right shoulder surgery, work restrictions, physical therapy and medications. An adverse determination was received on 12/23/13 given that there was no documentation of the patient's aberrant behavior or sign of drug misuse. Per conversation with the requesting provider the request was modified to 1 UDS for qualitative analysis with confirmatory testing only performed on inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM DRUG SCREEN TO BE DONE QUARTERLY (TIMES FOUR): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing , Urine testing in in ongoing opiate management Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter) Urine drug testing

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In addition, ODG states that frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. However the provider requested UDS for the patient quarterly, there is a lack of documentation indicating that the patient had high abuse potential or that the aberrant behavior or misuse were suspected. In addition, the reviewer spoke with the requesting physician on 12/20/13 and informed, that due to the Guidelines a new submission for UDS should be given each time. There is a lack of documentation that the patient needed UDS more that ones a year and there is no clear rationale with regards to this request. Lastly, the UR decision dated 12/23/13 modified the request to 1 UDS for qualitative analysis with confirmatory testing only performed on inconsistent results. Therefore, the request for Random Drug Screen to be done quarterly is not medically necessary.