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| Case Number: | CM14-0004204 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 03/09/1998 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 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 has submitted a claim for neck and right shoulder pain associated with an industrial injury date of March 9, 1998. The treatment to date has included medications, acupuncture, physical therapy, home exercise program, and activity modifications. The patient underwent left shoulder arthroscopy with bursectomy, debridement acromioplasty, excision of coracoacromial ligament, left shoulder manipulation under anesthesia, trigger point injections to the right cervical paraspinal and right trapezius muscles, and cervical epidural steroid injections. The medical records from 2005-2013 were reviewed showing the patient complaining of neck and shoulder pain grade 9/10 without pain medications, and 5/10 with pain medications. The pain was worse on her right neck and radiates down her right arm. Physical examination showed tenderness to palpation of the midline cervicothoracic spinous process and inferior posterior neck bilaterally. There was limitation in range of motion and discomfort with neck flexion, extension, lateral flexion bilaterally and lateral rotation bilaterally. There was decreased sensation on the right C7-8 dermatomes and pain especially on movement above shoulder level. Most recent cervical MRI (magnetic resonance imaging), dated 03/29/05, showed tiny non-compressive central protrusions at C2-3 and C6-7 with equivocal central annular fissure versus tiny protrusion at C5-6. A utilization review from 12/19/13 denied the request for retrospective urine drug screen because there is no evidence of risk of opioid abuse by the patient. An appeal letter dated 12/24/2013 states that according to the MTUS Chronic Pain Medical Treatment Guidelines, the use of urine drug screen is recommended to assess for the use or the presence of illegal drugs and frequent random urine toxicology screens are warranted to avoid misuse/addiction of the opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO URINE DRUG SCREEN (DOS 10/01/2013), QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the patient is taking opioids but there has been no discussion or report of high-risk aberrant behavior pertaining to medications in the documentation. Previous utilization review, dated 12/19/13, showed that urine drug screen on 10/1/13 revealed consistent results with the prescribed medications. However, the official laboratory result was not made available for review. A progress report dated 12/26/13 stated that there has been no urine drug screen done on 10/1/13 and the patient claimed that she was not seen in the office on that day. The urine screen was done on 12/26/13 instead. It seems that there are some inconsistencies with regards to the above request. Moreover, the present request is specific to 10/01/13 date. Therefore, the request for retrospective urine drug screen (DOS 10/01/13) is not medically necessary.