

Case Number:	CM14-0006768		
Date Assigned:	04/30/2014	Date of Injury:	11/01/2006
Decision Date:	07/08/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and 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:

The injured worker is a 57-year-old female who reported an injury on 11/01/2006 after throwing away trash that reportedly caused injury to her left shoulder. The injured worker's chronic pain was treated with multiple medications. The injured worker was evaluated on 10/19/2013. Physical findings included tenderness to palpation of the cervical spine with limited range of motion secondary to pain and a positive cervical distraction at maximal foraminal compression test bilaterally. On evaluation of the bilateral shoulder, it documented tenderness to palpation of the acromioclavicular joint with limited range of motion bilaterally secondary to pain. Evaluation of the lumbar spine documented limited range of motion secondary to pain with a positive straight leg raising test, Kemp's test, tripod sign and sitting root test bilaterally. The injured worker had decreased motor strength in the bilateral lower extremities with decreased sensation in the L4-5 and S1 dermatomal distributions bilaterally. The injured worker's medications included deprezine, dicopanol, Fanatrex, Synapryn, Tabradol, cyclophene, and ketoprofen cream. The injured worker's diagnoses included cervical disc displacement, cervical spine radiculopathy, left shoulder internal derangement, right shoulder SLAP tears, lumbar disc herniation, lumbar spine radiculopathy, mood disorder, anxiety, stress and sleep disorder. The injured worker's treatment plan included continuation of medications, shock wave therapy, electrodiagnostic studies of the bilateral extremities, and referral to an orthopedic for the bilateral upper extremities. It was documented that the injured worker's treatment plan included a periodic urinary toxicology evaluation to assess for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: DRUG SCREEN TO INCLUDE OPIATES X18, BARBITURATES X6, MULTICLASS SCREEN, LORAZEPAM, MEPROBAMATE, METHADONE, AND CONFIRMATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The retrospective drug screen to include opiates times 18, barbiturates times 6, multiclass screen, lorazepam, meprobamate, methadone, and confirmation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend random urine drug screens to assess for medication compliance for injured workers who are taking opioids for chronic pain. However, the clinical documentation does not adequately assess the injured worker's risk factors to support that they are at significant risk for aberrant behavior and would require a urine drug screen. Additionally, the clinical documentation does not provide any justification for confirmatory testing. There is no indication of inconsistencies at a point of care level. As such, the requested retrospective drug screen to include opiates times 18, barbiturates times 6, multiclass screen, lorazepam, meprobamate, methadone, and confirmation is not medically necessary or appropriate.