

Case Number:	CM14-0013820		
Date Assigned:	02/26/2014	Date of Injury:	11/03/2009
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 patient is a 40-year-old female who was injured on 11/03/2009. The mechanism of injury is unknown. Prior treatment history has included Naproxen and hydrocodone. A drug screen report dated 12/18/2013 revealed negative results for hydrocodone which is prescribed; this is indicative of the patient not taking medications as prescribed. Progress report dated 01/29/2014 states the patient complains of aching pain in her neck and low back which she rates at 7-8/10. She reports pain in the left arm, rated at 5/10 and pain in the right leg with some numbness and tingling rated at 8-9/10. She reports that there was definite benefit from the left shoulder injection. She tries to do stretching exercises. On examination of the cervical/lumbar spine reveals surgical scarring present on the anterior cervical region. Range of motion of the cervical spine shows decreased range of motion. Range of motion of the lumbar spine is mildly decreased. Spasm on the lumbar on is present. Sensation is decreased with pinwheel in the right thigh. Deep tendon reflexes of the upper extremity is two plus bilaterally. Straight leg raise supine is 80 degrees bilaterally and 80 degrees seated. Left shoulder motion was full. The left shoulder was tender. The patient is diagnosed with mild left shoulder impingement, status post cervical spine surgery with neck keloid, and lumbar discopathy with possible radiculopathy. The treatment and plan include a request for authorization for eight visits of acupuncture to control her cervical and lumbar spine symptomatology and electromyography (EMG)/NCV (nerve conduction velocity). The patient's medications were refilled which included Naproxen 550mg, Gabapentin 600mg and hydrocodone/APAP (Norco) 10/325mg, and Sumatriptan 50mg. A urinalysis was performed to monitor medication compliance on (01/29/2014). Prior utilization review dated 01/21/2014 states the request for a retrospective urine drug screen is non-certified as there has been a urine drug screen one month prior; therefore, there is no cause for another test at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN (DOS: 12/18/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43, 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing UDT.

Decision rationale: The Official Disability Guidelines (ODG) and MTUS guidelines recommend urine drug testing for monitoring of the prescribed medications, use of illegal drugs and aberrant behavior. ODG recommends urine drug testing within 6 months of initiating opioid therapy and on a yearly basis after for patients who are at "low risk" for opioid abuse. For patients who are at "high risk" testing as often as once a month may be required. "High risk" individuals are generally those with active substance abuse disorders. The physician performed a urine drug screen on 11/20/13. The results were not discussed on the 12/18/13 visit but another urine drug screen was ordered. The clinical documents provided do not identify this patient as "high risk" which would justify the monthly urine drug screen. The documents do not support an indication for repeat urine drug screen within 1 month of previous screen for this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.