

Case Number:	CM14-0111679		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2004
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 61 year old female who reported an injury on 12/17/2004 due to lifting. The listed diagnoses were shoulder joint pain, joint pain to the upper arm, and headaches. Past treatment included medication. She had urine drug tests on 04/07/2014, 05/05/2014, and 06/02/2014. The results were negative. No surgeries provided in the clinical documentation. On 06/02/2014, the injured worker complained of right shoulder, arm, and elbow pain. She reported having migraines. She rated her pain 8/10 on a pain scale. Upon physical examination, the injured worker was noted to have full range of motion in shoulder and no weakness was noted. Medications noted were Cymbalta 20 mg, Anaprox DS 550 mg, Sumatriptan 50 mg, and Lyrica 25 mg. The treatment plan was to monitor her with Sumatriptan and Cymbalta use. She reports that she is using small doses and is having no problems. The rationale for the request was to monitor her drug use. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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.

Decision rationale: The request for retro-urine drug test is not medically necessary. The injured worker complained of pain and migraines. She reported that she is doing well using Norco and will slow down on the Naproxen. The California MTUS Guidelines state that urine drug screening may be supported to assess for the use or the presence of illegal drugs or to monitoring compliance with opioid therapy. More specifically, the Official Disability Guidelines (ODG) may recommend urine drug tests to monitor those patients with prescribed substances, those patients with identified used of undisclosed substances, and to uncover diversion of prescribed substances. If a patient has evidence of a "high risk" of addiction, has a history of aberrant behavior, personal or family history of substance dependence, or a personal history of sexual or physical trauma, ongoing urine drug testing (UDT) is indicated as an adjunct to monitoring along with clinical exams and pill count. If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Frequency of urine drug testing should be based on documented evidence of risk stratification. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. There was no documentation of suspicion of aberrant behavior and the previous drug screenings were done the prior 2 months consecutively and the results were negative which does not support the request. Therefore, the request is not medically necessary.