

Case Number:	CM14-0113446		
Date Assigned:	09/16/2014	Date of Injury:	08/05/2008
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio & West Virginia. 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:

Individual is a 66 year old female with an 8-5-08 date of industrial injury. Her diagnosis includes a cervical sprain and carpal tunnel syndrome. Individual had a left carpal tunnel release in 2012 and arthroscopic left shoulder surgery in 2009. Exam 5-19-14 individual complained of cervical spine pain which radiated down the left shoulder, rated 5-6/10 and additionally pain in the left shoulder and left wrist (subjective) and tenderness to palpation of cervical musculature between C3 and C7. She also had pain and spasm with extension and bending and decreased ROM (objective). The individual has used physical therapy, acupuncture and medication to help with pain control. Individual currently is employed. A urine drug screen has been prescribed for drug use monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing Random screen DOS 8/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated and the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion, would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening include low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk, for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results and high risk, of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. She was approved for her yearly drug testing 4-24-14. Her last test was 6-2013. No documentation in the chart exists as to why a second screen would be necessary. As such, the current request for Urine Drug Testing Random screen DOS 8/7/14 is not medically necessary.