MAXIMUS Federal Services

Case Number:	CM14-0126272		
Date Assigned:	08/13/2014	Date of Injury:	06/01/2012
Decision Date:	09/25/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Pain Management 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 59-year-old female who sustained a remote industrial injury on 06/01/12 diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. The mechanism of injury occurred, when the patient fell while on the job, landing on her outstretched arms and injuring her right shoulder and low back. The request for one Urine toxicology test was not medically necessary at utilization review due to the indication that continuing the use of opiates was previously determined inappropriate based on the absence of clinical efficacy and urine drug screens are inappropriate when the continuation of opiate use is not medically necessary. The most recent progress note provided is 02/28/14. This progress note is handwritten and barely legible. It appears the patient complains primarily of right shoulder pain that radiates down to the right thumb. This pain is described as sharp, cramping, burning, numbness, and weakness. The pain is rated as a 4-5/10 with medications and a 6-7/10 without medications. Review of systems is positive for fatigue, high blood pressure, constipation, joint pain, muscle spasm, diabetes, and stress. Physical exam findings appear to reveal tenderness of the right shoulder, decreased range of motion of the right shoulder, -4/5 weakness in the right shoulder, decreased range of motion of the lumbar spine, positive straight leg raise test, and tenderness of the lumbar spine and sciatic notch. Current medications include: Norco and Colace. It is noted that the most recent urine drug screen was reviewed and was negative for illicit substances or unauthorized drugs. Provided documents include previous progress reports, supplemental reports, an operative report, and a urine toxicology report dated 01/20/14 that appears to reveal inconsistent results with the patient's prescribed therapy as Norco was not detected. A supplemental report, dated 01/06/14, reveals that the use of Norco has previously been non-certified but the treating physician also highlights the pain relief and improvement in function gained with the use of Norco. The patient's previous treatments include

physical therapy, right shoulder arthroscopy, acupuncture, chiropractic treatments, medications, rest, and a home exercise program. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

Decision rationale: The California MTUS guidelines and ODG support urine drug screening/toxicology testing for patients undergoing chronic opioid therapy. According to ODG, "If unexpected results are found, documentation of the ensuing conversation, including patient's explanation should be made." Provided documentation highlights that a urine drug screen, dated 01/20/14, did not detect Norco, which was part of the patient's prescribed medications. However, there is no documentation of an ensuing conversation between the treating physician and patient about this inconsistency. Until this conversation ensues, the use of urine drug screens cannot be supported by guidelines. Further, more recent progress notes are not provided for review to reveal if a discussion did occur or if a more recent urine drug screen was performed. Thus, the request for 1 Urine toxicology test is not medically necessary.