

Case Number:	CM14-0127135		
Date Assigned:	09/26/2014	Date of Injury:	11/28/2000
Decision Date:	12/04/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine 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:

This is a patient who reported an industrial injury on 11/28/2000, 14 years ago, attributed to the performance of her usual and customary job tasks. The patient is been treated for the diagnoses of cervical spine spinal stenosis; thoracic spine sprain/strain; right shoulder partial rotator cuff tear; left shoulder tendinitis; bilateral CTS; adjustment disorder; and insomnia. The patient was reported to complain of constant neck pain characterized as 4/10 that radiated to the upper extremity with reported numbness and tingling. The patient also complained of upper and mid back pain characterized 4/10 with constant bilateral shoulder pain and constant wrist/hand pain with numbness and tingling. The objective findings on physical examination included limited range of motion of the cervical spine, bilateral shoulders, bilateral wrist, and thoracic spine. Orthopedic testing and inspection to palpation was deferred secondary to pain. The treatment plan included a qualitative drug screen; Methoderm gel #240 g; Xolindo 2% topical cream; omeprazole 20 mg #60; tramadol 50 mg #60; Terocin topical cream 120 mil; Flurbi (NAP) cream-La 180 grams; Gabacyclotram 180 grams; Genicine #90; and Somnicin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review- Urine Drug screen (DOS 4/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain procedure summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

Decision rationale: The patient has been ordered and provided a urine toxicology screen on 4/15/2014, without any objective evidence to support medical necessity. There was no rationale provided by the treating physician to support the medical necessity of the urine drug screen. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic back pain. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. The patient should be on OTC medications as necessary. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. There is no demonstrated medical necessity for the prescribed urine drug toxicology screen for DOS 4/15/2014.