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| Case Number: | CM14-0131161 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 05/10/2012 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/19/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 injured worker is a 46-year-old female who reported an injury on 05/10/2010. The injured worker sustained injury through repetitive motions carried out during performance of a job such as consistent bending, reaching, pulling, pushing, and driving a forklift. She sustained injuries to her left shoulder, neck, right knee, and left hand ring finger. The injured worker's treatment history included medications, physical therapy, and MRI studies. The injured worker was evaluated on 06/17/2014, and it was documented the injured worker complained of aching pain in her neck, which was constant and slight. There was no radiation of her pain noted. She complained of aching pain in her left shoulder which was intermittent and slight. There was no radiation of pain noted. She complained of aching pain in her left elbow which was intermittent and slight. There was no radiation of pain noted. She complained of aching pain in her left wrist, which was intermittent and slight. She stated that the pain radiated from left wrist to neck. Physical examination of the lumbar spine revealed there was spasm noted over the lumbar spine bilaterally. Orthopedic Kemp's test was positive bilaterally. Diagnoses included shoulder derangement, impingement syndrome, and internal derangement of the knee, knee sprain/strain, and cervical spine sprain/strain, and thoracic spine sprain/strain, derangement of the hand/wrist, wrist sprain/strain, lumbar spine disc herniation without myelopathy, lumbar spine neuritis, radiculitis, and lumbar spine sprain/strain. There were no medications listed for the injured worker, however, the provider noted that the injured worker should followup with her pain management specialist. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Urine toxicology (DOS 4-7-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain procedure Summary last updated 5/15/14, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however, there was no medication listed for the injured worker on physical examination dated 06/17/2014. There was lack of documentation from pain management. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the request for the urine drug screen is not medically necessary.