

Case Number:	CM14-0132677		
Date Assigned:	08/22/2014	Date of Injury:	03/12/2008
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 & 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 patient is a 55-year-old female who has submitted a claim for cervical radiculopathy, cervical spinal stenosis, bilateral carpal tunnel syndrome, diabetes mellitus, chronic pain, generalized pain, hypothyroid, and chronic obstructive pulmonary disease associated with an industrial injury date of March 12, 2008. Medical records from 2014 were reviewed. The patient complained of neck pain, rated 6-8/10 in severity. The pain radiates to the left shoulder and left scapular area. It was aggravated by activity and walking. She has intermittent swelling of the hands and feet. There were also ongoing headaches. Physical examination showed spinal vertebral tenderness on C5-C&. There was also tenderness on the bilateral paravertebral area. Spasms were noted on the bilateral trapezius muscles. Range of motion of the cervical spine was limited due to pain. Tenderness was also noted on the right anterior shoulder. MRI of the cervical spine, dated July 22, 2013, revealed mild spondylosis at C3-C4; C2-C3 small disc bulge most prominent centrally which effaces the ventral subarachnoid space without causing central spinal canal stenosis; C3-C4 there is a disc osteophyte complex which contributes to mild central spinal canal stenosis, bilateral uncovertebral joint hypertrophy contributing to narrowing along the exit zones of the neural foramina; and at C5-C6 small diffuse disc bulge with overlying osteophyte which contributes to mild central canal stenosis, and mild uncovertebral joint hypertrophy bilaterally. Treatment to date has included Topiramate, Flexeril, Neurontin, Norco, Ketoprofen, Lovastatin, home exercise program, activity modification, TENS unit, and angioplasty. Utilization review, dated August 8, 2014, denied the request for urine drug test because there was no documentation regarding date and results of previous testing in order to determine the frequency of the requested testing or the patient's risk profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: 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 Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. The documented rationale for the request was because the patient was being evaluated for medication management and was requested to submit a random urine drug test. However, the medical records submitted for review failed to show if previous urine drug screens have been done before. Submitted medical records did not properly document the use of opioids as well as evidence of non-compliance from prescribed medications. There was also no suspicion of substance misuse from the physician. The medical necessity has not been established. Therefore, the request for Urine Drug Test is not medically necessary.