

Case Number:	CM14-0133187		
Date Assigned:	08/22/2014	Date of Injury:	10/08/2012
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with a October 8, 2012 date of injury. At the time of the Decision for Retrospective review Urine drug screen (Date Of Service July 30, 2014) and Prospective review Urine drug screen, there is documentation of subjective (chronic neck and right shoulder pain with occasional numbness to the right hand) and objective (positive Spurling's test, decreased right shoulder range of motion, positive right shoulder impingement test, and spasm of the right trapezius) findings, current diagnoses (myofascial pain syndrome, chronic cervical strain, chronic right rotator cuff syndrome, and chronic cervical radiculopathy), and treatment to date (current therapy with Naprosyn, Omeprazole, Flexeril and Neurontin). In addition, medical reports identify prior narcotic use and multiple urine drug screens performed on September 17 and November 6, 2013, and February 4 and April 30, 2014. There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment and that the patient is at "moderate/high risk" of addiction, misuse, and adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, provided July 30, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Urine Drug Testing (UDT). Decision based on Non-MTUS

Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary last updated 07/10/2014; Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, two to three times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, chronic cervical strain, chronic right rotator cuff syndrome, and chronic cervical radiculopathy. However, despite documentation of prior narcotic use, and given documentation of current therapy with Naprosyn, Omeprazole, Flexeril and Neurontin, there is no (clear) documentation of on-going opioid treatment. In addition, there is no documentation of abuse, addiction, or poor pain control. Furthermore, given documentation of multiple urine drug screens performed on September 17 and November 6, 2013, and February 4 and April 30, 2014, there is no documentation that the patient is at "moderate/high risk" of addiction, misuse, and adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for Retrospective review urine drug screen, provided July 30, 2014, is not medically necessary.

A prospective urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary last updated 07/10/2014; Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, chronic cervical strain, chronic right rotator cuff syndrome, and chronic cervical radiculopathy. However, despite documentation of prior narcotic use, and given documentation of current therapy with Naprosyn,

Omeprazole, Flexeril and Neurontin, there is no (clear) documentation of on-going opioid treatment. In addition, there is no documentation of abuse, addiction, or poor pain control. Furthermore, given documentation of multiple urine drug screens performed on September 17 and November 6, 2013, and February 4 and April 30, 2014, there is no documentation that the patient is at "moderate/high risk" of addiction, misuse, and adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for a prospective urine drug screen is not medically necessary.