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| Case Number: | CM14-0026310 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/22/2011 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Internal 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:

The patient is a 34 year old female who was injured on 06/22/2011. The mechanism of injury is unknown. Prior medication history included Oxycodone 5 mg and Dexilant 20 mg. UDS dated 11/07/2013 revealing consistent results. A progress report dated 06/05/2013 reported the patient complained of worsening neck and shoulder pain with radiation to the right upper extremity. She reported her pain level was an 8/10 without medication and 5/10 with medication. Objective findings on exam revealed reduced range of motion to 40% of the cervical spine. There was tenderness along the Zygoapophyseal joints of the upper cervical spine. Motor functions were 4/5 on the right and 5/5 on the left. There was decreased sensation in C5/6 and C6/7 dermatomes. The patient was diagnosed with cervical discogenic disease, cervical facet syndrome, cervical radiculitis, right shoulder impingement, and anemia secondary to use of NSAIDs. Prior utilization review dated 02/04/2014 states urine drug screen :benzodiazepines #1, urine drug screen, phenobarbital #1, urine drug screen :#1, urine drug screen :effect of ethanol #1, urine drug screen :amphetamine or methamphetamine #1, urine drug screen :cocaine or metabolite, urine drug screen :column chromatography #1, urine drug screen :creatinine #1, for urine drug screen, dihydrocodeinone #1, urine drug screen :dihydromorphinone#1, urine drug screen, opiates drugs and metabolites #1, for urine drug screen, spectrophotometry #1, and urine drug screen :ph ;body fluid #1 were denied as there is no past or present documented abusive behavior and there has been no rationale provided other than routine testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN :BENZODIAZEPINES #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :PHENOBARBITAL #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :#1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :EFFECT OF ETHANOL #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :AMPHETAMINE OR METHAMPHETAMINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :COCAINE OR METABOLITE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :COLUMN CHROMATOGRAPHY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :CREATININE #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate

patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :DIHYDROCODEINONE #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :DIHYDROMORPHINONE#1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :OPIATES DRUGS AND METABOLITES #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :PH ;BODY FLUID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

URINE DRUG SCREEN :SPECTROPHOTOMETRY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: The California MTUS and ODG recommends urine drug screening to monitor the use or presence of illegal drugs, compliance with opioid therapy, and to evaluate patients for substance abuse with signs/symptoms concerning for aberrant behavior. Based on

the most recent documents provided from 09/2013 the patient does not appear to be on opioid therapy or other high-risk medications that require routine screening. The documents did not discuss aberrant behavior or a concern for substance abuse. The documents did not adequately discuss the indication for urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.