

Case Number:	CM14-0030624		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2002
Decision Date:	08/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 42-year-old female with a 4/17/02 date of injury, and C5-C6 and C6-C7 anterior cervical discectomy on 2/23/11. At the time (2/21/14) of request for authorization for Urinalysis performed 1/15/14, there is documentation of subjective (burning pain on neck and upper back with intensity of 7/10 radiating to right upper extremity and pain on bilateral leg with intensity of 7/10) and objective (tenderness over the cervical and thoracic paraspinal musculature) findings. The patient's current diagnoses include left shoulder impingement syndrome, left de Quervain's syndrome, and right carpal tunnel syndrome. The treatment to date includes Hydrocodone, Alprazolam a previous urine drug screening on 10/21/13, transdermal creams, and home exercise program. There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis performed 01/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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 MTUS 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. The 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 left shoulder impingement syndrome, left de Quervain's syndrome, and right carpal tunnel syndrome. In addition there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urinalysis performed 01/15/14 is not medically necessary.