

Case Number:	CM14-0031711		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2011
Decision Date:	09/05/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Maryland. 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 employee was a 58 year old female who sustained an industrial injury on 08/12/11. The mechanism of injury was falling off a ladder with injury to left hand, left shoulder, neck and lower back. Her social history was notable for having never smoked cigarettes, drank alcohol or used drugs. Her medical history included diabetes mellitus, hypertension and sleep disorder. Her medications included Atenolol, Metformin, Diclofenac, Gabapentin, Omeprazole and Atorvastatin. She was seen by the primary treating provider on January 13, 2014. Subjective complaints included pain in her back, low back, left shoulder and left middle finger. Her neck pain was 6-7/10, low back was 7/10, left shoulder pain was 6/10 and left finger pain 5-6/10. On examination, she was found to have tenderness over spinous processes from C3 through C6 and paravertebral muscles bilaterally. There was also tenderness to palpation over the supraspinatus area, decreased range of motion of left shoulder, left middle finger tenderness over the PIP joint and tenderness to palpation over L1-L5 spinous processes and paravertebral muscles. The diagnoses included cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus with radiculopathy, left shoulder tear with impingement syndrome and left middle finger osteoarthritis. The treatment plan included Diclofenac sodium, Omeprazole, Gabapentin and Orthopedic surgery followup. The request is for urine drug testing by quantitative chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77-78.

Decision rationale: The employee was being treated for neck, shoulder, left middle finger and lower back pain. She was on Atenolol, Metformin, Diclofenac, Gabapentin, Omeprazole and Atorvastatin. The request was for urine drug testing. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.