

Case Number:	CM14-0034847		
Date Assigned:	06/20/2014	Date of Injury:	04/21/2006
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 4/21/06. He was given the diagnoses of stump pain, right upper extremity, and right elbow sprain/strain. He had been treated with oral medications including Norco, Xolindo, Sentra, and GABADone which the worker had been taking leading up to the recent request. Multiple urine drug screens were performed over the months leading up to the request, all of which were normal (of the ones supplied for review). On 1/15/14 the worker was seen by his treating physician complaining of constant right shoulder and right elbow pain with a reported pain level at 6-7/10. He reported tolerating the medications and that with their use he reaches a 4/10 pain level, and that without them his pain level went up to a 10/10. His topical medications reportedly helped his sleep and helped him decrease his oral medication use. He was recommended another urine drug screen (prior drug screen was normal one month prior), MRI shoulder, MRI elbow, extracorporeal shock wave therapy, right elbow brace, as well as continuation of his then current medications without changes, and to not work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug screen (DOS: 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-2010 Pain- Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids Page(s): 43 and 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, he had been using opioid medications chronically leading up to the request. Urine drug screening appeared to have been done at nearly every, if not every office visit, which was roughly every month, with each test result being negative for any drugs. The treating physician did not explain in the progress notes as to why the testing was warranted and which criteria were being met as stated above, and no other evidence seen from the documents provided helps clarify this. Therefore the urine drug screening is not medically necessary.