

Case Number:	CM14-0037395		
Date Assigned:	06/25/2014	Date of Injury:	05/25/2007
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 63 year old employee with date of injury of 5/25/2007. Medical records indicate the patient is undergoing treatment for bilateral knee chondromalacia patellae, lumbar discopathy, cervical discopathy, right shoulder impingement, right elbow epicondylitis, left elbow medial epicondylitis with ulnar nerve entrapment, bilateral carpal tunnel syndrome, upper extremity overuse injury, stress, anxiety and sleep disturbance. Subjective complaints include bilateral elbow and wrist aching pain that is persistent with severe low back aching pain. He complains of aching pain in the neck and right shoulder. Objective findings include full range of motion; lateral epicondylar tenderness with palpitation, flexion of the wrist aggravates the chief complaint. There is tenderness with palpitation over the cubital tunnel and to the medial epicondyle as well. Examination of the lumbar spine reveals significant spasm and spasm of the paraspinal muscles. There is pain with range of motion. Sciatic stretch is positive. Straight leg raise test is negative. Treatment has consisted of Ambien, Zolpidem, Lorazepam, Tramadol and Cyclobenzaprine. The utilization review determination was rendered on 3/17/2014 recommending non-certification of a Retrospective urine analysis (DOS: 2/24/2014) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine analysis (DOS: 2/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse, page(s) 74-96;108-109 Page(s): 74-96, 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009 recommends for stable patients without red flags" Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December" The patient received a urine drug screen on 9/26/13 and 1/17/14. The treating physician has not provided documentation of red flags to justify an additional urinalysis. As such, the request for Retrospective urine analysis (DOS: 2/24/2014) is not medically necessary.