

Case Number:	CM14-0062686		
Date Assigned:	07/11/2014	Date of Injury:	05/14/2013
Decision Date:	08/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation 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:

38 yr. old female sustained a work related injury involving her neck, right arm and right shoulder on 5/14/13. She has a diagnosis of cervical radiculopathy , right shoulder impingement and right bicipital tendonitis. She has undergone epidural steroid injections and acupuncture . Prior MRIs have shown moderate protrusion of the C6-C7 neural foramina. Her chronic pain had been managed with Soma, Norco Tramadol and Naproxen. A progress note on 11/20/13 indicated that the clinician requested baseline labs and a urine drug screen to "make sure the patient is able to safely metabolize and excrete medications." A urine drug screen had expected result on 1/10/14. A similar request was made again in April 2014 for labs and urine testing at which time the liver function tests were mildly elevated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine point of contact drug screen, QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 83-91.

Decision rationale: According to the MTUS guidelines, According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. Prior drug screens were acceptable. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. The request for a urine drug screen is not medically necessary.

Quarterly Lab Analysis, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and labs Page(s): 70.

Decision rationale: According to the MTUS guidelines: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the specific interval lab type is not specific. Interval testing has not been established. The request above is not medically necessary.