

Case Number:	CM14-0074643		
Date Assigned:	07/16/2014	Date of Injury:	05/12/2003
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational Medicine, 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:

The patient is a 53-year-old female who has submitted a claim for neck sprain, brachial neuritis NOS, spinal stenosis NOS, shoulder/arm sprain NOS, rotator cuff syndrome NOS, and carpal tunnel syndrome associated with an industrial injury date of May 12, 2003. Medical records from April 30, 2014 up to June 25, 2014 were reviewed showing that the patient continued to have subjective complaints of 5-8/10 pain that is frequent and associated with numbness. Progress report date June 25, 2014 showed pain intensity of 8-9/10 without medications and 6/10 with medications. Patient was able to perform activities of daily living and had improved sleep pattern. Objective findings include cervical tenderness with restricted motion and positive compression testing; right shoulder tenderness with impingement and restricted motion; right wrist tenderness with impaired motion, and decreased patchy sensation and positive Tinel. Treatment to date has included Norco and Anaprox DS. Utilization review from May 8, 2014 denied the request for Toxicology-Urine Drug Screen. There was no documentation of (a) results of risk assessment for misuse to guide the frequency for UDS testing that is indicated; (b) the number of UDS tests completed within the last 12 months and copies of UDS reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: updated 4/10/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric morbidity. Medical records submitted for review showed UDS done on April 30, 2014 with evidence of prescribed drug and marijuana. Patient has been taking Norco for chronic pain. Aberrant drug behavior may be suspected due to positive levels of marijuana; hence, the frequency of urine drug testing requested is in accordance with the guidelines. Therefore, the request is medically necessary.