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| Case Number: | CM14-0090441 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/08/2009 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 Illinois. 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 injured worker is a 42-year-old male with reported date of injury on 09/08/2009. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical spine sprain/strain, status post crush injury to the left upper extremity with symptoms of left brachial plexopathy versus complex regional pain syndrome, cervical radiculopathy left C5, C6, and C7, right shoulder and elbow pain secondary to compensatory effects due to inability to utilize the left upper extremity, depression, and posttraumatic stress disorder secondary to industrial injury, low back pain with L5-S1 (3 to 4 mm) central to left paracentral disc protrusion with bilateral lower extremities radicular pain. His previous treatments were noted to include epidural steroid injection, medications, stellate ganglion block, Botox injections, and psychiatric treatment. The progress note dated 06/03/2014 revealed the injured worker remained symptomatic with neck, left shoulder, and upper extremity pain. The injured worker also complained of low back pain and headaches. The injured worker reported he remained symptomatic with depression, insomnia, and dizziness. The provider reported the injured worker continued with Norco for breakthrough pain, Lyrica for neuropathic pain, fluoxetine for depression secondary to chronic pain, and omeprazole for gastrointestinal symptoms of gastritis and gastroesophageal reflux disease. The injured worker rated his pain 6/10 with the use of medications and without medications rated 10/10. The physical examination of the cervical spine revealed mild tenderness in the bilateral paraspinal musculature and bilateral upper trapezius musculature with moderate tenderness in the left supra-, infrascapular musculature. The upper extremity examination revealed a rigid brace in the left upper and diffuse tenderness noted over the left elbow and forearm. Range of motion of the left elbow was restricted and tenderness noted in the right shoulder and right elbow with palpation. The examination of the lumbar spine revealed moderate bilateral paraspinal tenderness from L3 to

S1. The provider indicated a urine drug screen was performed 05/08/2014 and was consistent with therapy. The request for authorization form was not submitted within the medical records. The request is for quarterly random urine drug screening for the purpose of monitoring, documenting and ensuring the injured worker's compliance with the use of scheduled medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly random urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain procedures summary (updated 04/10/2014) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy 77, Steps to avoid misuse/addiction, page 94 Page(s): 77; 94.

Decision rationale: The request for a quarterly random urine drug screening is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend considering the use of a urine drug screen to assess for the use or the presence of illegal drugs prior to initiating opioid therapy. The guidelines state for those at high risk of abuse, perform frequency random urine toxicology screens and yearly for those at low risk. There is a lack of documentation regarding the injured worker being at high risk for abuse and the most recent urine drug screening was performed 05/08/2014 which was consistent with therapy, however there is a lack of documentation regarding previous urine drug screens and when they were performed. Additionally, injured workers at low risk for abuse are recommended to have yearly drug screens. Therefore, the request is not medically necessary.