

Case Number:	CM14-0172320		
Date Assigned:	10/23/2014	Date of Injury:	01/07/2010
Decision Date:	04/21/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59 year old female who sustained an industrial injury on 1/7/10. The injured worker reported symptoms in the neck, back and right shoulder. The injured worker was diagnosed as having cervical sprain/strain with right cervical radiculopathy/myofascial pain, right shoulder rotator cuff tendinitis, ulnar neuropathy of the right elbow, carpal tunnel syndrome, right greater than left. Treatments to date have included topical non-steroidal anti-inflammatory drugs cream, transcutaneous electrical nerve stimulation unit, activity modification, physical therapy, cervical traction unit, anti-inflammatory medication, and home exercise program and ice application. Currently, the injured worker complains of pain in the neck, back and right shoulder. The plan of care was for urine drug screen and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Urine Drug Screen, DOS 8/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service August 19, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. 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 injured worker's working diagnoses are neck pain; shoulder pain; paresthesia; back pain; GERD; nausea; constipation; bloating; abdominal pain; and insomnia. The documentation in the medical record does not contain progress note documentation on or about the date of service August 19, 2014. A progress note from April 2014 shows the injured worker was on tramadol. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no documentation of illegal conduct or behavior. There are no risk assessments. Consequently, absent clinical documentation with a risk assessment, a clinical indication and rationale for performing a urine drug screen, and clinical documentation on or about the date of service August 19, 2014, retrospective urine drug testing date of service August 19, 2014 is not medically necessary.