MAXIMUS Federal Services

Case Number:	CM14-0198311		
Date Assigned:	12/08/2014	Date of Injury:	07/27/2014
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain 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:

This 40 year male sustained a work related injury on 07/27/2014. According to an orthopaedic evaluation dated 10/06/2014, the mechanism of injury was documented as cumulative trauma from 07/28/2013 to 07/27/2014. The injured worker was performing his duties of pulling meat when he experienced severe pain in his left foot and mild pain in his lower back on 07/27/2014. According to the provider's notes, the injured worker presented with complaints of intermittent neck pain that was primarily present with lifting or movement of his neck. When present, pain was rated a 6 on a scale of 0-10. He experienced difficulty sleeping. Intermittent pain in the inner elbows was also noted and was described as throbbing pain and soreness. Pain primarily occurred when lifting over 20 pounds. Constant pain in the lower back was noted and was rated 8 on a scale of 0-10. With any movement the pain increased to a 10. He experienced sharp pain when walking or standing. This pain also caused difficulty sleeping. Right knee pain was present and aggravated upon weight bearing. Right knee pain was rated at 8. Left heal pain was decreased and rated as a 5 when walking or applying pressure. He was unable to run. The injured worker complained of pain in his right hip, right thigh and right calf and relates the pain to overcompensating for his left foot. Pain was aggravated by walking. According to the provider's notes, the injured worker was shot in the right leg near the knee and on his face 20 years ago but denies residual symptoms. The injured worker reported difficulty ascending and descending a flight of steps, getting in and out of a car, performing light housework, making a meal, rising from a chair, standing, walking sleeping, putting and taking off his shoes and dressing and undressing himself. He also has not participated in sport activities such as basketball. X-ray of the cervical spine was reviewed and noted to be within normal limits. X-ray of the lumbar spine revealed L4-L5 and L5-S1 disc space narrowing. There was no other abnormal ossification or calcification. X-rays of the bilateral elbow were within normal limits. X-rays of the right knee

were within normal limits and there were no significant arthritic changes. X-rays of the left foot and ankle showed no abnormal ossification or calcification and was within normal limits. These reports were not submitted for review. The provider's noted impression included: 1. Cervical sprain/strain with no evidence of radiculopathy noted today with some trapezial spasm. 2. No evidence of shoulder pathology today. The injured worker does have some trapezial spasm regarding cervical spine. 3. Bilateral elbow medial epicondylitis from pulling and pushing improved with some numbness and tingling going down to his finger. 4. Bilateral hand and wrist weakness most likely due to medial epicondylitis. 5. Lumbar spine pain with left-sided radiculopathy, rule out disc herniation causing left-sided radiculopathy. 6. Left heel pain over the Achilles tendon, rule out partial Achilles tear. The patient has failed three months of conservative treatment. 7. Right knee popping, swelling and catching due to altered gait. Recommendations included MRI, Nerve Conduction Velocity tests and urine toxicology screen. The provider's notes stated that the urine toxicology screen was given to evaluate the patient's medication management and/or going medication therapy. According to the provider, the baseline preliminary point of care results indicated that the injured worker was negative for barbiturates, methadone and oxycodone and positive to benzodiazepines, opiates and tricyclic antidepressant. A prescription was given for Norco. A prior progress report dated 09/10/2014 indicates that the injured worker was given a prescription refill of Norco 10/325mg. There were other medications included but was illegible.On 10/28/2014, Utilization Review non-certified urine toxicology quantitative and confirmatory tests that was requested on 10/22/2014. According to the Utilization Review physician, there was no history of initiating opioid therapy or the injured worker being prescribed opiate medication or an increase to opiate dosage with evidence of benefit and functional gain. There was no presentation of aberrant behavior. The health care provider has not presented interpretation of prior drug screens and being consistent with medications prescribed. There was not documentation of the tests performed for the past year. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology, quantitative and confirmatory tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 80, and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for urine toxicology quantitative and confirmatory tests, CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory

testing should be for the questioned drugs only. Within the documentation available for review, there is no documentation of inappropriate or unexpected results with qualitative testing to support the need for quantitative/confirmatory testing. In light of the above issues, the currently requested urine toxicology quantitative and confirmatory tests are not medically necessary.