

Case Number:	CM14-0219000		
Date Assigned:	01/09/2015	Date of Injury:	01/29/2007
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained a work related injury on 1/29/07 due to cumulative trauma. Symptoms included pain in hands, wrists, bilateral elbows, bilateral arms, left shoulder, neck, and the right knee. Past medical history is significant for congestive heart failure. She was diagnosed with cervical disc disease and cervical radiculopathy. Treatment to date includes: splints, physical and occupational therapy, chiropractic manipulation, medications, rest, cervical traction, and home exercise program. Meds included: Naproxyn, Medrol Dose Pak, and Cyclobenzaprine. Surgeries included: carpal tunnel releases (2007, 2008), right ulnar nerve transposition (2007). Diagnostics included electromyogram and nerve conduction velocity study of both upper extremities with abnormal findings with a repeat study ordered. Currently, the injured worker has complaints of moderate to severe neck pain with radiation to the left upper extremity at C5-C6 and weakness in the same distribution on the left side (radicular pain) . MRI studies demonstrated neuroforaminal stenosis and nerve root compression. Cervical traction was ordered for home use as well as an interferential unit for pain management. The treating provider is requesting a urine toxicology screening as a random drug screening to establish a baseline and ensure compliance with medications and rule out illicit drug use. On 12/12/14, utilization review non-certified a urine drug screen noting the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter under urine drug testing

Decision rationale: According to the 11/18/2014 report, this patient presents with 6/10 (pain in the neck) that is sharp and achy and travels to the bilateral shoulders into the left arm with muscle spasm. The current request is for Urine drug screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the 11/27/2014 to 11/18/2014 reports provided, the treating physician does not indicate that the patient is on opiate medications. There were no discussions regarding the patient adverse behavior or misuse of medications. The Utilization Review denial letter state's "the claimant is not prescribed opioids. Additionally there is no documentation of aberrant behavior, medication misuse or abuse or any other documentation indicating claimant is at risk for medication misuse." This request IS NOT medically necessary.