

Case Number:	CM15-0105035		
Date Assigned:	06/09/2015	Date of Injury:	03/29/2005
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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 54 year old female who sustained an industrial injury on 03/29/2005. Diagnoses include cervical spine degenerative disc disease with radiculopathy, cervical spine facet arthrosis, and status post bilateral carpal tunnel release. Treatment to date has included diagnostic studies, medications, physical therapy, and Transcutaneous Electrical Nerve Stimulation unit. Her medications include Motrin, Norco, Restoril, and Neurontin. A physician progress note dated 04/21/2015 documents the injured worker complains of neck pain and right arm pain. She has more burning and swelling in the right wrist. She rates her pain as 7-8 out of 10 without medications and with medications her pain is 3 out of 10. With her medications she is able to sleep at night and can drive and does light cleaning during the day. Examination of the cervical spine reveals spasm, and painful and restricted range of motion. There is facet tenderness, and radiculopathy on the right at C5 level. There is tenderness to palpation over the cervico trapezial ridge and decreased sensation at C5 bilaterally. There is positive Tinel and Phalen sign on the right. The injured worker was counseled regarding opioid risk. The treatment plans includes continued use of the Transcutaneous Electrical Nerve Stimulation unit, and continue with her medications. Treatment requested is for Urine drug screen.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

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, urine drug testing 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervical spine degenerative disc disease with radiculopathy; cervical spine facet arthrosis; and status post bilateral carpal tunnel syndrome. The most recent progress note in the medical record is dated April 21, 2015 (date of injury March 29, 2005). The injured worker subjectively has neck and right arm pain. The current medications include Norco 10/325mg, Restoril 30 mg, and Neurontin. There are no risk assessments in the medical record. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Additionally, the injured worker's medications have been denied (based on medical necessity?) and, as a result, urine drug toxicology screens are not clinically indicated. Consequently, absent clinical documentation with risk assessments, aberrant drug-related behavior, drug misuse or abuse and non-certification of opiate containing medications and benzodiazepines, urine drug testing is not medically necessary.