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| Case Number: | CM15-0106044 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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

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 (IW) is a 27 year old male who sustained an industrial injury on 06/05/2013. He fell and reported pain in the thoracic spine, right shoulder, right wrist, right knee, and right ankle. The injured worker was diagnosed as having thoracic sprain/strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right wrist sprain/strain, right knee pain, right knee sprain/strain, rule out right meniscus tear, right ankle pain, right ankle sprain/strain, and rule out medication toxicity. Treatment to date has included follow-up appointments, a nerve conduction velocity of bilateral lower extremities, physical therapy, braces for the right knee, right ankle and right wrist, an orthopedic appointment to evaluate right ankle, and a psyche referral for stress, anxiety, and depression. Currently, the injured worker complains of back pain rated an 8/10, right knee pain rated a 6/10, right wrist pain rated a 7/10, anxiety, and stress. On examination the thoracic spine had decreased range of motion and was tender to palpation of the paravertebral muscles with a positive Kemps. The right wrist had decreased range of motion and a positive Phalen's. The right knee had decreased range of motion and a positive Mc Murrays plus tenderness to palpation of medial and lateral joint line. The right shoulder had decreased range of motion and a positive impingement test. The plan of care included prescribing Gabapentin and Zolpidem, and ordering a urine toxicology screen for baseline results prior to drug administration. A request for authorization was made for: Urine Toxicology Screen and Confirmations ordered for Medication Monitoring and Management Purposes Date of Service: 4/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS: 4/14/15 Urine Toxicology Screen and Confirmations ordered for Medication Monitoring and Management Purposes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The treating physician's progress report dated 2/3/15 documented that there were no current medications. The treating physician's progress report dated 2/3/15 documented prescriptions for Gabapentin, Zolpidem, and topical creams. The primary treating physician's progress report dated 2/26/15 did not document medication prescriptions. The 4/14/15 progress report was not in the submitted medical records. Without documentation of opioid prescription, the request for 4/14/15 urine drug screen is not supported by MTUS criteria. Therefore, the request for urine toxicology screen is not medically necessary.