

Case Number:	CM15-0107567		
Date Assigned:	06/12/2015	Date of Injury:	01/15/2013
Decision Date:	09/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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:

This 66 year old female sustained an industrial injury to the left hand, left shoulder, left elbow, neck and back on 1-15-13. The injured worker also developed varicose veins in bilateral lower extremities due to prolonged standing at work with subsequent ongoing lower extremity pain. Previous treatment included physical therapy, chiropractic therapy, injections and medications. In a comprehensive pain medicine consultation dated 5-7-15, the injured worker complained of neck pain rated 6 out of 10 on the visual analog scale with radiation to bilateral shoulder and tingling sensations in bilateral legs. The physician noted that magnetic resonance imaging cervical spine showed osteophyte complex with bilateral neuroforaminal narrowing at C4-5 and disc bulge. Physical exam was remarkable for moderate tenderness to palpation with muscle spasms to the cervical spine paraspinal and bilateral trapezius muscles and tenderness to palpation over the facets at C4-5 with positive bilateral axial head compression test, positive bilateral Spurling's sign, decreased sensation at bilateral C5-6 distribution and decreased cervical spine range of motion. The injured worker also had bilateral shoulder pain at the acromioclavicular joint with decreased shoulder abductor and elbow flexor strength bilaterally. Current diagnoses included cervical disc disease, cervical spine radiculopathy, bilateral shoulder tendinitis and history of deep vein thrombosis on Warfarin. The treatment plan included bilateral C4-5 and C5-6 epidural steroid injections, a cervical traction unit for home use and urine toxicology screening to establish a baseline, ensure compliance and ensure that she was not taking medications from multiple sources.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control. The patient reports ongoing chronic pain requiring continued analgesics for pain relief. Although presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings, the patient had acute flare with worsening pain symptoms. Additionally, submitted reports have no aberrant behaviors, illicit drug use, or history of unexpected positive results from any non-prescribed scheduled; however, the patient's pain has not stabilized and current UDS request to ensure of opiate compliance in accordance to CURES report is warranted as there are no recent records of any screening performed in the last year. The Urine toxicology screening is medically necessary and appropriate.