

Case Number:	CM15-0131130		
Date Assigned:	07/17/2015	Date of Injury:	06/09/2014
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 57-year-old male, who sustained an industrial injury on 6/09/2014, while employed as a lighting technician. He reported electrocution, causing dislocation of his left ring, middle, and index fingers. The injured worker was diagnosed as having cervical spine sprain-strain, lumbar sprain-strain, bilateral shoulder rotator cuff tear, left hand middle, ring, and index finger stiffness, history of electrocution from left hand exiting in the feet, and psychological trauma. Treatment to date has included diagnostics, physical and occupational therapies, and medications. Currently, the injured worker complains of intermittent neck pain rated 2/10, bilateral shoulder pain rated 5-6/10 with intermittent numbness and tingling in his hands, low back pain rated 3-4/10, numbness and tingling to his bilateral feet-toes (mainly left foot), and sudden changes in mood, irritability, and sleep disturbance. His medication use included Naproxen. He wished to proceed with surgical intervention to the right shoulder. The treatment plan included urine toxicology, quantitative and confirmatory.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), 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. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the injured worker has only taken Naproxen and Prilosec in the past twelve months. There is no evidence in the available documentation to support the use of a urine drug screen. The request for urine toxicology: quantitative and confirmatory is determined to not be medically necessary.