

Case Number:	CM15-0131880		
Date Assigned:	07/20/2015	Date of Injury:	09/18/2013
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66 year old male who sustained an industrial injury on 9-18-13. Diagnoses are lumbar sprain-strain with intervertebral disc disease and spondylosis, right shoulder sprain-strain with internal derangement and osteoarthritis, left shoulder sprain-strain with internal derangement and osteoarthritis, right and left shoulder rotator cuff syndrome, cervical sprain-strain, cervical spondylosis C6-C7, myofascitis, and radiculitis. In a progress report dated 4-15-15, the physician notes he is given Anaprox, Prilosec, Cyclobenzaprine and is to continue topical creams with a plan for a urine toxicology screening for pharmacy compliance management and pharmacy management to monitor current prescription usage to avoid any adverse drug reaction. In a progress report dated 6-23-15, the treating physician notes a 2-12-15 report from the orthopedic surgeon noting treatment provided as acupuncture treatment of bilateral shoulders, shockwave therapy of bilateral shoulders and lower back, physical therapy for bilateral shoulder and lumbar spine, an injection to the lumbar spine and a urine test for toxicology was performed. A urine drug screening done on 4-15-15 revealed none of the analytes tested were detected. A urine drug screening done 5-13-15 revealed none of the analytes tested were detected. Work status is total temporary disability if no modified work duty is available. The requested treatment is a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been on chronic medication therapy that has, at times, included opioids. However, this patient does not currently appear to be prescribed any opioid medications. The patient's last urine drug screen was in 05/2015, the treating physician does not note any inconsistencies in this test. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine Toxicology screen is not medically necessary.