

Case Number:	CM15-0133882		
Date Assigned:	07/22/2015	Date of Injury:	10/02/2009
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 female who sustained an industrial injury on 10/02/2009. The injured worker was diagnosed with cervical intervertebral disc without myelopathy and carpal tunnel syndrome. The injured worker is status post bilateral carpal tunnel release (no date documented). Treatment to date has included diagnostic testing, surgery, psychological evaluation, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 30, 2015, the injured worker continues to experience neck pain and headaches. The injured worker rates her pain level at 7/10 and is present approximately 80% of the time. The discomfort at its worst is rated 9/10. The injured worker also reports numbness and tingling of both anterior areas of the hand. The report documented that the injured worker feels better with pain medication and topical compounds. Objective findings noted an obese female with tenderness to palpation at the bilateral cervical dorsal areas, upper thoracic region and left anterior shoulder. Cervical flexion was noted at 35 degrees, cervical extension and bilateral lateral flexion at 30 degrees each and cervical bilateral rotation at 60 degrees each. Spurling's was positive bilaterally. The left shoulder range of motion was documented at left flexion and abduction at 150 degrees, left extension and left adduction at 30 degrees and bilateral internal and external rotation at 70 degrees. Positive impingement and empty can tests were positive. Deep tendon reflexes were intact in the bilateral upper extremities. Current use of medications were referenced in general terms and not specifically documented with names and dosage. Treatment plan consists of left shoulder magnetic resonance imaging (MRI), physical therapy and the current request for urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/urine drug testing. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Ed (2011) - p. 935. Vol. 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case, the patient does not exhibit addiction/aberrant behavior. The patient underwent urine drug testing in April 2015. Urine drug testing is not indicated until April 2016. The request should not be medically necessary.