

Case Number:	CM15-0134327		
Date Assigned:	07/28/2015	Date of Injury:	03/29/2007
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 57 year old male patient who sustained an industrial injury on 3-29-07. The diagnoses include overuse syndrome upper extremities; upper extremity entrapment neuropathy, status post right open carpal tunnel and left endoscopic carpal tunnel release, status post right ulnar nerve transposition and left ulnar nerve decompression, left shoulder impingement syndrome, left cervical radiculopathy, thoracic intervertebral disc disease, possible left suprascapular neuropathy. Per a supplemental note dated 4-6-15, he has acute flare-up of trapezius pain radiating from his cervical spine. He is requesting repeat trigger point injection, which he has had in the past which alleviate flare-ups. He also uses Motrin for pain control, this allows him to avoid narcotics. Physical examination revealed moderate left periscapular tenderness and right sided mid thoracic pain over the longissimus dorsi muscle and pain to palpation in the posterior cervical musculature leading into the left trapezius region where trigger point noted. The medications list includes Motrin, Tramadol, Lidoderm patch, Ranitidine. He has had the interferential-transcutaneous electrical nerve stimulation unit. A supplement to the progress report dated 4-6-15 notes a plan for a qualitative and quantitative urine drug test. A request for authorization dated 4-6-15 notes a request for 2 separate urine drug screens in accordance with the injured workers pharmacological treatment. Patient was certified for qualitative urine drug test on 7/2/2015. The requested treatment is for a urine drug screening: quantitative lab confirmations.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDT: Quantitative lab confirmations: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT).

Decision rationale: UDT: Quantitative lab confirmations. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Patient was certified for qualitative urine drug test on 7/2/2015. Any evidence that the patient had a history of taking illegal drugs is not specified in the records provided. Per the cited guidelines "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results." History of aberrant drug behavior is not specified in the records provided. The report of qualitative urine drug screen with inconsistent result is not specified in the records provided. The medical necessity of UDT: Quantitative lab confirmations is not established for this patient at this juncture.