

Case Number:	CM15-0136592		
Date Assigned:	07/24/2015	Date of Injury:	07/13/2009
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 was a 40-year-old male, who sustained an industrial injury, July 13, 2009. The injury was sustained when the injured worker was reaching in a shelf and had the onset of stabbing pain in the right shoulder. The injured worker was later diagnosed with bulging disc at C4-C5 and C5-C6 due to repetitive accumulative trauma to the low back pain and hip pain going in the bilateral legs, forearms hands and wrists. The injured worker previously received the following treatments Norco, Cymbalta, home exercise and walking. The injured worker was diagnosed with low back pain, bilateral leg pain, cervicgia, anxiety, sleep issues, internal problems with diabetes, urological complaints, status post cervical spine fusion, status post arthroscopy bilateral shoulders, tendinitis bilateral wrists/hands/hips, lumbar spine sprain/strain myofascial and ophthalmology problems. According to progress note of June 9, 2015, the injured worker's chief complaint was ongoing pain in the upper back and neck extending into the upper back causing significant stiffness. The injured worker's current medications continue to maintain functional improvement based on being able to exercise and walk up to three miles two to three times per week. The injured worker continues to have neuropathic pain into the upper extremities, which Cymbalta has significantly improved along with calming the depression and anxiety secondary to chronic pain. The medications have been attempted to wean and shown at the current lowest effective dose to maintain the injured workers current functional activity. The injured worker had significantly decreased medication usage and was not as dependent on the next dose. The injured worker's overall attitude and the injured worker had been controlling the anxiety and depression. The treatment plan included a drug urine screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80; 94.

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

Decision rationale: The requested Urine Drug Screening is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has neuropathic pain into the upper extremities, which Cymbalta has significantly improved along with calming the depression and anxiety secondary to chronic pain. The medications have been attempted to wean and shown at the current lowest effective dose to maintain the injured workers current functional activity. The injured worker had significantly decreased medication usage and was not as dependent on the next dose. The injured worker's overall attitude and the injured worker had been controlling the anxiety and depression. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screening is not medically necessary.