

Case Number:	CM15-0137947		
Date Assigned:	07/27/2015	Date of Injury:	07/31/2013
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old man sustained an industrial injury on 7-31-2013. The mechanism of injury is not detailed. Diagnoses include electric shock to the right upper extremity with acute spasm of the low back and bilateral legs, right elbow cubital release, right thumb paresthesias, left elbow sprain-strain secondary to compensatory factors, left shoulder sprain-strain secondary to compensatory factors, and tension-type headaches. Treatment has included oral medications, surgical intervention, and post-operative physical therapy. Physician notes dated 6-8-2015 show complaints of persistent neck pain rated 5-6 out of 10 with radiation down the right arm with weakness and numbness, low back pain rated 6-7 out of 10, left shoulder pain rated 8 out of 10, right elbow pain rated 7-9 out of 10, and bilateral knee pain rated 2 out of 10. Recommendations include left shoulder MRI, continue physical therapy, neurology consultation, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for neck, low back, left shoulder, right elbow, and bilateral knee pain. When seen, medications and rest were providing pain relief. Medications were being prescribed by another provider. Physical examination findings included decreased cervical and lumbar spine range of motion with paraspinal tenderness. There was left trapezius muscle tenderness. Spurling's testing and shoulder depression tests were positive. There was decreased upper extremity sensation. There was positive Kemp's testing. There was decreased lower extremity sensation. There was decreased shoulder and elbow range of motion with pain. Recommendations included continued postoperative physical therapy. Authorization for urine drug screening was requested. No current medication list is documented. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. Guidelines recommend prescriptions from a single practitioner. In this case, no opioid medication use or planned use is documented and the requesting provider is not the provider who is prescribing the claimant's medications. The requested urine drug screening is not medically necessary.