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| Case Number: | CM15-0141827 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 10/17/2013 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 10/17/13 when a child jumped off a play structure onto her. She felt a pop in her mid-back with difficulty taking a deep breath. She was medically evaluated with x-rays and diagnosed with an acute left trapezius strain. She currently complains of mid-back, chest and left lateral shoulder pain. Her pain level with medications was 6 out of 10 and without medication as 8 out of 10. She can perform activities of daily living with the help of medications. Medications were Norco, gabapentin, Flexeril. Toxicology screen done 1/5/15 was consistent with prescribed medications. Diagnoses include chronic pain syndrome; thoracic pain; chest pain; myalgia. Treatments to date include medications which were helpful; physical therapy with benefit; massage therapy with effect; psychotherapy; home exercise program. In the progress note dated 2/2/15 a retrospective high complexity qualitative urine drug screen by immunoassay method X9 with alcohol testing , any other method other than breath XI with dated of service 2/2/15) to see if taking opiate medication properly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective High complexity qualitative urine drug screen by immunoassay method X9 with alcohol testing, any method other than breath X1 (DOS: 02/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Opioids, steps to avoid misuse/abuse, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective high complexity qualitative urine drug screen by immunoassay method times 9 with alcohol testing, any method other than breath times one, date of service February 2, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are chronic pain syndrome; thoracic pain; chest pain and myalgia. The date of injury is October 17, 2013. Request for authorization is June 17, 2015. The documentation indicates the injured worker has had multiple consistent urine drug toxicology screens. Dates include August 11, 2014; November 3, 2014; January 5, 2015 and February 2, 2015. All urine drug screens were consistent. According to the February 2, 2015 progress note, subjectively the injured worker has complaints of mid back, chest pain and left shoulder pain. Medications include Norco, gabapentin, Flexeril, naproxen and omeprazole. There is a history of depression and anxiety. Review of systems was negative for alcohol use. CURES report was unremarkable. There is no documentation demonstrating aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment documented in the medical record. There is no clinical indication on rationale for frequent urine drug testing in the record. Consequently, absent compelling clinical documentation with a clinical rationale for multiple urine drug tests, aberrant drug-related behavior, drug misuse or abuse and a risk assessment with no documentation of alcohol abuse, retrospective high complexity qualitative urine drug screen by immunoassay method times 9 with alcohol testing, any method other than breath times one, date of service February 2, 2015 is not medically necessary.