

Case Number:	CM15-0145194		
Date Assigned:	08/06/2015	Date of Injury:	06/26/2013
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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 is a 43 year-old female who sustained an industrial injury on 06-26-13. Initial diagnoses are not available. Current diagnoses include cervical sprain-strain without radiculopathy, multilevel cervical spondylosis C4-C7, bilateral shoulder sprain-strain with subacromial bursitis, thoracic sprain-strain with presumed myofascial pain, lumbosacral sprain-strain with radiation left lower extremity, spondylosis with probable spondylolisthesis and spondylosis at L5-S1, and right-sided shoulder SLAP tear. Diagnostic testing and treatment to date has included x-rays, cervical medial branch block, and pain medication management. Currently, the injured worker complains of ongoing neck, low back, right shoulder, and left wrist pain. In a progress note dated 05-01-15, the treating provider reports the injured workers' condition seems to have slightly deteriorated; she has findings suspicious of a labral tear. Current plan of care includes orthopedic consultation, continuation of analgesic medication, and drug screen for compliance with prescription drug protocol. Requested treatments include 6 panel urine drug testing. The injured worker is under temporary total disability. Date of Utilization Review: 06-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 panel urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing.

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

Decision rationale: 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 ongoing neck, low back, right shoulder, and left wrist pain. In a progress note dated 05-01-15, the treating provider reports the injured workers' condition seems to have slightly deteriorated; she has findings suspicious of a labral tear. 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 are 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, 6 panel urine drug testing is not medically necessary.