

Case Number:	CM15-0146856		
Date Assigned:	08/07/2015	Date of Injury:	09/19/2000
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 51 year old female who sustained a work related injury September 19, 2000. While working as a machine operator she slipped and fell on oil, landing on her back on a concrete floor. She was initially treated with x-rays, medication and injections. An MRI of the cervical spine, performed May 19, 2014, revealed mild degenerative changes C3-C4, C4-C5, C5-C6, and C6-C7. An MRI of the lumbar spine dated May 19, 2014, revealed L3-S1 degenerative changes without significant central or foraminal stenosis. Electrodiagnostic studies performed November 5, 2014, demonstrated chronic bilateral C5-C6 radiculopathies, chronic right C7-8 radiculopathy and no evidence of a lumbar radiculopathy or myopathy. According to a pain management re-evaluation dated June 17, 2015, the injured worker presented with pain, rated 9 out of 10 with medication and 10 out of 10 without medication. She reports not sleeping well and she is pending carpal tunnel surgery. Examination revealed straight leg raise, facet loading, and Spurling's tests were all positive. Sensation decreased to light touch in the left hand and left foot. There was weakness in the bilateral upper and lower extremities diffusely and 18 out of 18 tender points noted. Current medication included Tramadol, Elavil, ibuprofen, Gabapentin, and Omeprazole. Diagnoses are cervicalgia; cervical radiculopathy and disc protrusion; lumbago; lumbar radiculopathy and disc protrusion; lumbar facet and sacroiliac joint dysfunction; carpal tunnel syndrome; chronic pain syndrome; opioid dependence. Treatment plan included refill medications and at issue, a request for authorization for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis performed on 6/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; opioids Page(s): 43, 78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

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) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient had a previous urine drug screen reported on 5/20/15 and there was no indication to repeat this test in a short time interval. Medical necessity for the requested item was not established. The requested item was not medically necessary.