

Case Number:	CM15-0162673		
Date Assigned:	08/31/2015	Date of Injury:	04/09/2011
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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 48 year old female, who sustained an industrial injury on 4-9-11. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome; reflex sympathetic dystrophy upper right limb; neuralgia; neuritis, radiculitis unspecified; myalgia and myositis unspecified; cervical spondylosis without myelopathy; cervicgia; long-term current use of other medications; cervical radiculitis; ankle joint- pain on movement. Treatment to date has included physical therapy; cervical C5-6 epidural steroid injection (4-15-15); medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker returns to the clinic for a follow-up for other treatment options. She reports her pain as 9 out of 10 on this day and would like to arrange a ketamine infusion locally rather than going to Stanford. She describes her pain as aching in the neck and down her spine. Her right arm especially the elbow is aching. She has right calf aching pain. The provider documents she has attempted physical therapy, massage, chiropractic therapy, acupuncture which all provide partial temporary relief. Home exercise is reported to help minimally and NSAIDs do not provide adequate relief of pain. The provider notes the goal is to reduce her narcotic usage by 70-80% and improve her quality of life. On physical examination, the documents lumbar range of motion is limited by pain and axial loading of the lumbar spine is positive for pain reproduction. She has tenderness to palpation over the lumbar paraspinal muscles and deep palpation includes facet tenderness. Her right ankle has some swelling with normal range of motion and the lateral side is with tenderness under the malleolus. Her neck examination notes limited range of motion, extension and flexion. Lateral bending also causes pain and there is facet tenderness pronounced

with pressure to the posterior spine elements and motion. She has tenderness to palpation over the cervical paraspinal muscles. Her right arm is carefully held at the side over a pillow and is sensitive to light touch. She has been scheduled for the ketamine infusion and reviewed the clinical data per the provider's documentation. He is asking for a urine drug screening to check her compliance with the prescribed medication regimen. The provider is requesting authorization of retrospective urine toxicology screen (date of service: 8/3/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: urine toxicology screen (DOS: 8/3/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screening may be considered as an option in monitoring patients chronically on opioids for signs of compliance and aberancy. Patient has been chronically on opioids. Last UDS was done on 6/15 and was appropriate. Review of records show that patient is low risk for abuse. As per guidelines, patient's at high or moderate risk may require UDS as often as 4 or more times a year while patient at low risk may require yearly UDS. Patient is considered low risk and with recent appropriate UDS, a repeat UDS only 2-month from prior is not medically indicated. Urine toxicology screen is not medically necessary.