

Case Number:	CM15-0188104		
Date Assigned:	09/30/2015	Date of Injury:	01/04/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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 52-year-old female, with a reported date of injury of 01-04-2013. The diagnoses include resolved right shoulder impingement syndrome, resolved right lateral elbow epicondylitis, resolved right wrist de Quervain's stenosing tenosynovitis, chronic left shoulder impingement syndrome, and complex regional pain syndrome of the bilateral upper extremities, right greater than left. Treatments and evaluation to date have included physical therapy, Nabumetone, hydrocodone-acetaminophen, Percocet, Ibuprofen, Lyrica, and topical medications. The diagnostic studies to date have included a urine drug screen on 07-10-2015, which was positive for opiates; a urine drug screen on 04-08-2015, which was positive for opiates; and a urine drug screen on 01-13-2015 with consistent findings. The progress report dated 06-05-2015 is handwritten and somewhat illegible. The report indicates that the injured worker needed refills on all medications. She continued to complain of burning in her forearm, and elbow to hand. The medications helped with the burning sensation in her right shoulder and arm. Over the last month, the injured worker rated her pain 8 out of 10. The objective findings include pain with cervical range of motion and negative Spurling's. It was noted that the injured worker was permanently disabled mentally and physically. The treating physician requested a urine drug screen (date of service: 07-10-2015). On 09-14-2015, Utilization Review (UR) non-certified the request for a urine drug screen (date of service: 07-10-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen, Bill dated 7/10/15 #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests). 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, a previous urine drug test was obtained 3 months earlier. There was no specific documentation provided indicating medical necessity for another test at this interval. There was no documented history of non-compliance or misuse of the patient's medical regimen. Medical necessity for the requested urine drug test was not established. The requested urine drug test was not medically necessary.