

Case Number:	CM15-0189179		
Date Assigned:	10/01/2015	Date of Injury:	07/25/2012
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on 7-25-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease with radiculopathy into the right upper extremity secondary to industrial injury, right shoulder pain secondary to industrial injury, paraspinal muscle spasm, insomnia secondary to pain, and situational stress. On 7-17-2015, the injured worker was reported to have chronic intractable neck pain and left shoulder pain. The Treating Physician's report dated 7-17-2015, noted the injured worker's analgesia inadequate with the injured worker's urinalysis consistent with current therapy. The injured worker was noted to be working 25 hours a week, not on any opiate medications. The physical examination was noted to show the injured worker clear and cogent, unimpaired by medications, with depressed affect, fatigue, and appearing uncomfortable. On 7-6-2015, the Physician noted a urine drug test and CURES report were consistent with current therapy and the injured worker's history. The injured worker was noted to be using Zanaflex, and would try Amitriptyline, remaining on total temporary disability and completely off work until 10-1-2015. On 5-27-2015, the injured worker was noted to have adequate analgesia with Ultram and Ibuprofen, with urine drug test and Patient Activity Report consistent. On 4-17-2015, the Physician noted urine drug test and patient Activity report were negative as no controlled substances were prescribed and no illicit substances were present on urine specimen. The injured worker's medications were listed as Ultram, Ibuprofen, and Prilosec. The documentation provided did not include any urine drug screen (UDS) laboratory documentation. The request for authorization was noted to have requested a retrospective Urine

Drug Screen for the date of service (DOS) 8-17-15. The Utilization Review (UR) dated 9-15-2015, denied the request for a retrospective Urine Drug Screen DOS 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS 8-17-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with chronic intractable neck pain and upper extremity pain. The treater has asked for Retrospective Urine Drug Screen DOS 8-17-15 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that she feels "not too good, I have had some bad muscle spasms" per 7/6/15 report. Her level of analgesia is stated to be stable and unsatisfactory per 7/6/15 report. The patient is s/p recent onset of worsening muscle spasms, which has caused her to be unable to work per 7/6/15 report. The patient does not like to take medicine but sometimes uses Ibuprofen for pain per 7/21/14 report. As of 7/6/15, the patient is taking Ibuprofen and Zanaflex, and is taking Ultram as of 5/27/15 report. The patient is not working and is temporarily totally disabled as of 7/6/15 report. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The treater does not discuss this request in the reports provided. The 2/21/15 report states that the patient's urine drug screen and CURES are current. The patient is taking Ultram per 5/27/15 report. Utilization review letter dated 9/15/15 denies request stating that Tramadol is not a schedule II or III medication. However, ODG recommends urine drug screens on a yearly basis if the patient is at low risk. Review of reports dated 2/21/15 to 7/17/15 show no recent urine drug screen. As there is no indication of a recent UDS from peer review of reports, a yearly drug screen is appropriate for patient's current use of Tramadol. Therefore, the request is medically necessary.