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| Case Number: | CM15-0194348 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 07/02/2012 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male, who sustained an industrial injury on July 2, 2012. He reported injury to his hand, elbow, arm, shoulder and body systems. The injured worker was diagnosed as having left shoulder pain, left wrist and hand pain and left elbow pain. Treatment to date has included diagnostic studies, therapy, exercise and medication. On August 14, 2015, the injured worker complained of weakness, stiffness and swelling of the left wrist along with numbness of the left hand. He reported pain, weakness and lack of full motion of his left shoulder. He also complained of stiffness to his left shoulder joint. The treatment plan included a functional capacity evaluation. On September 8, 2015, utilization review denied a request for one quantitative urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 quantitative urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine Drug Testing (UDT) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been started on tramadol as of 9/9/15 and there are no previous UDS provided. As such, the request for 1 quantitative urine drug screen is medically necessary.