

Case Number:	CM15-0196861		
Date Assigned:	10/12/2015	Date of Injury:	03/01/2010
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 62 year old female who sustained an industrial injury on 3-1-10. She is not working. The medical records indicate that the injured worker is being treated for shoulder acromioclavicular joint arthritis; shoulder arthralgia; elbow arthralgia; cervicgia; cervical radiculitis; thoracic spine arthralgia; bicipital tenosynovitis; impingement-bursitis shoulder; shoulder sprain-strain, rotator cuff; upper extremity sprain-strain; cervical myofascial sprain-strain; thoracic sprain-strain. She is currently (9-15-15) 3 weeks post-operative right knee arthroscopy. On physical exam, there was tenderness and slight spasm of cervical paraspinal musculature with stiff range of motion; left shoulder tenderness; left elbow tenderness and left wrist tenderness. Her pain level on the 9-9-15 note was 8 out of 10 and she complained of severe neck pain. A urine drug screen was collected 8-31-15. She is being treated with medication: Aspirin, Cocet (on since at least 3-10-15), Neurontin; status post right knee arthroscopy. The request for authorization dated 9-10-15 was for urine toxicology screen. On 9-16-15 Utilization Review non-certified the request for urine drug screen times 12 unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen X12 Unit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 03/01/10 and presents with pain in her neck, left shoulder, and left hand. The request is for urine drug screen x 12 unit. The utilization review denial letter did not provide a rationale. The RFA is dated 09/10/15 and the patient is not currently working. Review of the reports provided does not indicate if the patient had a recent prior UDS. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with shoulder acromioclavicular joint arthritis; shoulder arthralgia; elbow arthralgia; cervicalgia; cervical radiculitis; thoracic spine arthralgia; bicipital tenosynovitis; impingement-bursitis shoulder; shoulder sprain-strain, rotator cuff; upper extremity sprain-strain; cervical myofascial sprain-strain; thoracic sprain-strain. The reason for the request is not provided. The 09/09/15 report states that the patient tolerates the medication well, has no side effects, and medications help 30-40%. As of 09/15/15, the patient is taking Aspirin, Atenolol, Cocet, Isosorbide Dinitrate, and Simvastatin. The treater has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. However, given that the patient had not had a urine drug screen conducted in 2015 and is taking opiates, the requested urine drug screen is medically necessary.