

Case Number:	CM15-0197558		
Date Assigned:	10/13/2015	Date of Injury:	10/16/2014
Decision Date:	11/20/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 10-16-14. A review of the medical records indicates he is undergoing treatment for status post fall, right shoulder sprain and strain, cervical spine sprain and strain, and left foot great toe sprain and strain. Medical records (7-14-15 to 9-15-15) indicate complaints of neck pain that radiates to his shoulder blades and upper back, bilateral wrist and hand pain, affecting the right greater than left, bilateral knee pain, affecting the right greater than left, and left great toe and heel pain. The physical exam (9-15-15) reveals tenderness to palpation of the midline paraspinal muscles of the cervical spine and of the trapezius muscles. The treating provider indicates he "can flex forward to his chest, extend 20-45 degrees, right and left bend 20-45 degrees, right rotation 80-90 degrees, and left rotation 50-90 degrees". Examination of the right shoulder reveals tenderness anteriorly. Range of motion reveals flexion to 160 degrees with pain, external rotation is 80 degrees with pain, and internal rotation is noted "to his lumbosacral spine." The treating provider states he has pain with Neer and Hawkins impingement sign. Strength test is "5 out of 5" in all planes. The left foot reveals tenderness in his great toe in the first metatarsal. Diagnostic studies have included MRIs of the left wrist, right ankle, brain, and left shoulder. Urine toxicology screen in April, May, June, July, August and September of 2015 were all negative. Treatment has included physical therapy and medications. He is not working. Effects of his symptoms on activities of daily living include difficulty sleeping, psychological problems, financial and job uncertainty, headaches, dizziness, and scarring of the skin. The utilization review (10-1-15) includes requests for authorization for a urine toxicology screen and pain management consult. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinary toxicology screen (UTS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

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

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient and multiple monthly drug screens have been negative. There is no medical indication for urine drug screen and the original UR denial is upheld. Therefore, the request is not medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: ACOEM addresses the need for specialty consultation. Reasons for such consultation include presence of any red flag findings or failure to respond as expected to a course of conservative management. The medical records in this case document a need for more complete pain management. Pain management referral is medically necessary.