

Case Number:	CM15-0198805		
Date Assigned:	10/14/2015	Date of Injury:	09/01/2009
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, 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:

This is a 63 year old female with a date of injury of September 1, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for cephalgia, temporomandibular joint pain, insomnia, cervical radiculopathy, lumbar radiculopathy, bilateral knee pain, right greater than left shoulder pain, and left elbow pain. Medical records dated April 28, 2015 indicate that the injured worker complained of bilateral shoulder pain. Records also indicate the injured worker complains of severe epigastric pain and right flank pain. Per the treating physician (July 15, 2015), the employee has not returned to work. The physical exam dated April 28, 2015 reveals craniocervical tenderness with spasm, severe left orbital pain, slightly weak left hand grip, slightly weak right foot dorsiflexion, decreased sensation at the right more than left ventromedial arm and hypothenar region, decreased sensation of the bilateral outer thighs, legs, and plantar surfaces of both feet, slight limp, positive Romberg test, positive Tinel's on the right, tenderness of the lumbar more than cervical interscapular, right more than left shoulder tenderness with limited range of motion, right more than left knee tenderness, left elbow tenderness, positive straight leg raise bilaterally, and increased epigastric and right abdominal upper quadrant pain. The progress note dated July 15, 2015 documented a physical examination that showed no changes since the examination performed on April 28, 2015. Treatment has included unknown number of aquatic therapy sessions, and medications (Ultram and Cyclobenzaprine since at least February of 2015). The treating physician did not document results of recent urine drug screenings. The original utilization review (September 29, 2015) non-certified a request for a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 urine toxicology testing DOS 7-15-2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing.

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 section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine toxicology testing date of service July 15, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cephalgia; TMJ pain; insomnia; cervical radiculopathy; lumbar radiculopathy; bilateral knee pain; right greater than left shoulder pain; left elbow pain; epigastric pain, abdominal distention; cognitive problems; emotional distress; intermittent overflow incontinence; and severe left eye pain. Date of injury is September 1, 2009. Request authorization is September 15, 2015 referencing a July 15, 2015 order. According to the July 15, 2015 progress note, the documentation states the reviewing physician re-examined the injured worker on July 15, 2015. There was a detailed review of medical records including a gastroenterology consultation. The treatment recommendations included a urine toxicology screen. There were three urine drug toxicology screens performed during the calendar year 2015. The last UDS was performed April 28, 2015. There are no hard copies or results of the urine drug screens in the medical record documentation. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat (fourth) urine drug toxicology screen. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective urine toxicology testing date of service July 15, 2015 is not medically necessary.