

Case Number:	CM15-0204959		
Date Assigned:	10/21/2015	Date of Injury:	01/12/2012
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Internal Medicine, 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 63 year old female who sustained an industrial injury on 1-12-12. A review of the medical records indicates she is undergoing treatment for cervical disc disease, cervical radiculopathy, and status post right shoulder surgery. Medical records (9-29-15) indicate complaints of non-radiating neck pain, rating "3-4 out of 10". She describes the pain as a constant ache, stiffness, and sharpness with numbness and tingling sensation. She also reports weakness. The physical exam reveals midline head carriage with decreased lordosis in the cervical spine examination. Anterior drawer, Yergason, Roos, and Wright tests are negative bilaterally. The brachial plexus stretch is negative bilaterally. The elbow exam is within normal limits bilaterally. Tinel's sign is noted to be positive on the right. The treating provider indicates the sensory exam is "grossly intact" in bilateral C4 and C8, as well as left C5, C6, and C7 dermatomes "as to pain, temperature, light touch, vibration, and two-point discrimination". Sensation to pinprick and light touch is decreased in the right C5, C6, and C7 dermatomes. Upper extremity muscle testing is "4 out of 5" in right elbow flexors and extensors. The remainder of upper extremity muscle testing is "5 out of 5." Right brachioradialis and triceps reflexes are noted to be "1+". Diagnostic studies have included an MRI of the cervical spine, x-rays of the upper back, and EMG-NCV study of right upper and lower extremities, as well as an MRI of the lumbar spine. Treatment has included chiropractic manipulation, physical therapy, occupational therapy, and medications. Her medications include Metformin and Diclofenac. She has been receiving Diclofenac since, at least, 5-15-15. Treatment recommendations include a urine toxicology screen as a random urine drug screen to establish a baseline, ensure compliance with medications, and ensure that she is not taking medications from multiple sources or illicit drugs. The utilization review (10-14-15) includes a request for authorization of urine drug testing. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 63 year old female has complained of neck pain and shoulder pain since date of injury 1/12/2012. She has been treated with surgery, physical therapy, occupational therapy, chiropractic therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.