

Case Number:	CM15-0207142		
Date Assigned:	10/28/2015	Date of Injury:	07/25/2012
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 51 year old female, who sustained an industrial injury on 7-25-12. The injured worker was diagnosed as having cervical degenerative disc disease with intractable neck pain; cervical radiculopathy; right shoulder degenerative joint disease; insomnia; situation stress. Treatment to date has included status post right shoulder arthroscopy subacromial decompression ligament resection and bursectomy, debridement and labral tear (6-5-13); urine drug screenings; cortisone injection; medications. Currently, the PR-2 notes dated 8-17-15 is hand written and difficult to decipher. The note appears to indicate the injured worker PR-2 notes dated 7-6-15 indicated the injured worker was "doing about the same. The shoulder surgeon gave me a cortisone injection." The provider notes "UDT-CURES consistent." He also notes the cortisone helped somewhat, but now has returned and will need surgery. The notes indicate the injured worker appears fatigued and uncomfortable using minimal Tramadol and Ibuprofen. His treatment plan is to increase her Ultram to 500mg one twice a day in anticipation of surgery. A PR-2 dated 7-6-15 indicated the injured worker indicated the injured worker was in the office for a follow-up of her chronic intractable neck and upper extremity pain. She complains of "some bad spasms". The provider documents "Aberrant behavior: None noted. Urine drug test and CURES report are consistent with current therapy and patient history." His treatment plan is for the injured worker to continue on Zanaflex for her muscle spasms and will try Amitriptyline 10 mg #30 for sleep and pain. Medical documentation submitted includes Urine Drug screening reports for dates of service: 7-6-14, 7-8-14, 7-21-14, 8-20-14, 1-16-15, 2-27-15, and 8-17-15. These reports appear to be consistent with medications prescribed and negative findings. A

Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-7-15 and non-certification for Retrospective review for the urine drug screen provided on date of service 8-17-15. A request for authorization has been received for Retrospective review for the urine drug screen provided on date of service 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for the urine drug screen provided on date of service 8/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, who was using minimal amounts of tramadol, according to the notes, there were frequent urine drug screening tests leading up to this request. However, there was not found any justification for the number of urine drug screenings in the notes provided. The provider documented that there was no aberrant behavior and no other signs suggested drug abuse. Therefore, considering these factors, this request for a repeat urine drug screening before it is warranted considering the evidence for low risk abuse will be considered medically unnecessary at this time.