

Case Number:	CM15-0214814		
Date Assigned:	11/04/2015	Date of Injury:	07/02/2007
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency 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:

The injured worker is a 55-year-old male, who sustained an industrial injury on 7-2-2007. The medical records indicate that the injured worker is undergoing treatment for status post anterior cervical discectomy and fusion (2007 and 2015), right cubital tunnel syndrome with possible neuropathy versus C7 radiculitis, bilateral shoulder impingement syndrome, and lumbar spine musculoligamentous sprain-strain with multi-level spondylosis and retrolisthesis of L3 on L4 and L4 on L5. According to the progress report dated 7-6-2015, the injured worker presented with complaints of right elbow pain, associated with numbness and tingling. On a subjective pain scale, he rates his pain 4 out of 10 with medications and 8 out of 10 without. The physical examination of the right elbow reveals atrophy of the intrinsic muscles of the hand, positive Tinel's test, and positive bent elbow test, eliciting radicular symptoms to the fourth and fifth digits. Jamar grip strength is 28-28-27 on the right and 38-37-36 on the left. The current medications are Norco and Trazodone. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as temporarily very disabled. The original utilization review (10-22-2015) had non-certified a request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screen is an option in monitoring patient for abuse and/or compliance. Review of records show that patient is on norco. Several Utilization Reviews have specifically denied request for Norco due to failure to meet criteria. Records show that provider has continued to prescribe norco without noted justification or rationale. Patient does not meet criteria for continued opioid therapy with no documentation of functional improvement. Since use of opioids is not justified and not supported by evidence, provider's decision to continue prescribing an unnecessary medication cannot be used to support request for urine drug testing. Urine drug screen is not medically necessary.