

Case Number:	CM15-0218276		
Date Assigned:	11/10/2015	Date of Injury:	11/04/1997
Decision Date:	12/21/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/05/2015

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 60 year old female, who sustained an industrial injury on 11-4-97. The injured worker was being treated for degenerative disc disease and facet arthropathy of cervical spine, multilevel HNPs of cervical spine with moderate stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, depression, double crush syndrome and neural foraminal narrowing C4-5 on left. On 9-15-15, the injured worker complains of aching pain in bilateral shoulders rated 6 out of 10 with radiation down to between shoulder blades with numbness at bilateral wrists radiating into hands; neck is "weak" and turning her head causes increased pain. She also reports symptoms to low back and right hip. Work status is modified duties. Physical exam performed on 9-15-15 revealed tenderness to palpation to midline cervical spine, right sided paraspinal muscles and trapezius tenderness is noted, tenderness to medial to scapula and decreased range of motion of cervical and lumbar spine in all planes. Urine drug screen performed on 10-13-15 was inconsistent with medications prescribed as Tramadol was detected but not reported as a prescribed medication. Treatment to date has included acupuncture, physical therapy, cervical epidural, oral medications including Elavil 25mg, Flexeril 7.5mg, Prilosec and Docuprene; and activity modifications. The treatment plan included request for Omeprazole, Cyclobenzaprine, Tramadol, Elavil and a follow up appointment. On 11-5-15 request for Urine Drug Screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening (UDS), as outpatient: Overturned

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.

Decision rationale: The requested Urine drug screening (UDS) as outpatient is medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain in bilateral shoulders rated 6 out of 10 with radiation down to between shoulder blades with numbness at bilateral wrists radiating into hands; neck is "weak" and turning her head causes increased pain. She also reports symptoms to low back and right hip. Physical exam performed on 9-15-15 revealed tenderness to palpation to midline cervical spine, right sided paraspinal muscles and trapezius tenderness is noted, tenderness to medial to scapula and decreased range of motion of cervical and lumbar spine in all planes. Urine drug screen performed on 10-13-15 was inconsistent with medications prescribed as Tramadol was detected but not reported as a prescribed medication. The treating physician has documented the medical necessity for a drug screen based on previous reported inconsistencies. The criteria noted above having been met, Urine drug screening (UDS), as outpatient is medically necessary.