MAXIMUS Federal Services

| Case Number: | CM15-0218703 | | |
|---|---|---|---|
| Date Assigned: | 11/12/2015 | Date of Injury: | 11/12/2002 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/06/2015 |

## 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 11-12-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spondylosis, bilateral shoulder pain, bilateral carpal tunnel syndrome, rheumatoid arthritis, symptomatic righty CMC arthritis, right hand pain, right foot crush injury, and diabetes. Medical records (03-09-2015 to 08-05-2015) indicate ongoing bilateral shoulder pain and right hand pain with improved cervical pain after undergoing a cervical epidural steroid injection (CESI). Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has retired and is not working. The physical exam, dated 08-05-2015, revealed mild diffuse tenderness of the left superior cervical region, positive axial head compression test and mildly decreased range of motion (ROM) of the cervical spine, tenderness to palpation over the bilateral acromioclavicular (AC) joint with full ROM and positive impingement sign, and positive Finkelstein's sign in the right hand. Relevant treatments have included: bilateral shoulder surgeries, CESI with 75% improvement in pain, bilateral lateral epicondyle release, left CMC (carpometacarpal) arthroplasty, physical therapy (PT), work restrictions, and medications (low dose Norco, Flexeril and Lidoderm patches since at least 03-2015). There was no discussion of previous drug testing, drug seeking or aberrant behaviors. The request for authorization (08-05- 2015) shows that the following test was requested: retrospective outpatient urine drug test: qualitative point of care test and quantitative lab confirmations (DOS 08-05-2015). The original utilization review (10-23-2015) non-certified the request for retrospective outpatient urine drug test: qualitative point of care test and quantitative lab confirmations (DOS 08-05-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro outpatient urine drug test: qualitative point of care test and quantitative lab confirmations (DOS 08/05/2015):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 10/09/2015).

**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 (Chronic), Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 11-12-2002. The medical records provided indicate the diagnosis of cervical spondylosis, bilateral shoulder pain, bilateral carpal tunnel syndrome, rheumatoid arthritis, symptomatic righty CMC arthritis, right hand pain, right foot crush injury, and diabetes. Treatments have included bilateral shoulder surgeries, CESI with 75% improvement in pain, bilateral lateral epicondyle release, left CMC (carpometacarpal) arthroplasty, physical therapy (PT), work restrictions, and medications (low dose Norco, Flexeril and Lidoderm patches since at least 03-2015).The medical records provided for review do indicate a medical necessity for Retro outpatient urine drug test: qualitative point of care test and quantitative lab confirmations (DOS 08/05/2015). The medical records indicate that the injured worker is being treated with low dose Norco (Hydrocodone/Acetaminophen). The records indicate that her point of care urine drug test was negative for the prescribed Norco; therefore, her urine was subjected to quantitative lab confirmations. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines states that semi-synthetic opioids (e.g., oxycodone and oxymorphone and occasionally hydrocodone) are not detected on many commercially available opiate immunoassay screens used for point of contact testing. Therefore, the Official Disability Guidelines recommends confirmatory lab based quantitative testing in (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Therefore, the request is medically necessary.