

Case Number:	CM15-0219048		
Date Assigned:	11/10/2015	Date of Injury:	07/07/2014
Decision Date:	12/28/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 77 year old female, who sustained an industrial injury on 7-7-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical facet syndrome, cervical strain, muscle spasm, carpal tunnel syndrome, shoulder pain, thoracic pain, and lateral epicondylitis. On 9-22-2015, the injured worker reported neck pain radiating from the neck down the right arm rated 7 on a scale of 1 to 10 with medications and 10 on a scale of 1 to 10 without medications. The Treating Physician's report dated 9-22-2015, noted the injured worker reported her pain level remained elevated with significant neck pain and progressive weakness of the right upper extremity. The injured worker's current medications were noted to include Naprosyn, Benadryl, Zofran, Lyrica, and Norco. The physical examination was noted to show the injured worker did not show signs of intoxication or withdrawal, and restricted cervical spine range of motion (ROM) limited by pain. Prior treatments have included a least 6 sessions of physical therapy, chiropractic treatments, TENS, a cervical epidural steroid injection (ESI) on 4-29-2015 with minimal benefit of pain and increasing blood sugars, headaches, flushing, and nausea-emesis, Flexeril and Percocet. On 7-28-2015 a urine toxicology screen was noted to be completed. On 6-30-2015 and 6-2-2015 urine toxicology screens were noted to be completed in clinic. The treatment plan was noted to include a urine drug screen (UDS) with "results negative for all substances" and sent out, positive, "for Tramadol previously appropriate". The injured worker's work status was noted to be for modified duty. The request for authorization was noted to have requested a urine toxic screen (DOS 9-22-2015) QTY: 1. The Utilization Review (UR) dated 10-15-2015, denied the request for a urine toxic screen (DOS 9-22-2015) QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxic screen (DOS 9/22/15) qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th annual edition), 2015; Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the right arm with weakness, right leg pain, problems sleeping, and mild headaches. Treatment recommendations included the use of a restricted opioid medication. While the submitted and reviewed documentation did not include a detailed individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine toxicology screen for date of service 09/22/2015 is medically necessary.