

Case Number:	CM15-0030456		
Date Assigned:	02/24/2015	Date of Injury:	05/01/1998
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: Indiana

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:

This 53 year old female sustained an industrial injury on 5/1/98, with subsequent ongoing back, bilateral wrist, bilateral shoulder and neck pain. Magnetic resonance imaging shoulder showed postoperative changes with edema and interstitial tearing of the supra and infra spinatus tendons without full thickness rotator cuff tear. Treatment included transcutaneous electrical nerve stimulator unit, injections, medications, psychological care, biofeedback and acupuncture. In a progress note dated 1/14/15, the injured worker complained of worsening bilateral wrist pain with paresthesias as well as ongoing back, neck and bilateral shoulder pain. Current diagnoses included shoulder joint pain, thoracic spine pain, chronic pain syndrome, chronic fatigue syndrome, carpal tunnel syndrome. The physician that there was ongoing urine drug testing, pharmacy profiles and psychological testing in an effort to uncover aberrant drug behavior. At the time of the exam, there was no evidence of aberrant drug behavior. On 1/29/15, Utilization Review noncertified a request for random toxicology screening, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)," would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter; "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results; "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified not as high risk. As such, the current request for urinalysis drug screening is not medically necessary.