

Case Number:	CM15-0034536		
Date Assigned:	03/03/2015	Date of Injury:	05/31/2007
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old female, who sustained an industrial injury on May 31 2007. She has reported neck, left shoulder, and left wrist injuries. Her diagnoses include sprain of neck, cervical spondylosis, and brachial neuritis. She has been treated with MRI, CT scan, activity modifications, home exercise program, physical therapy, ice/heat, a cane for walking, injection therapy including Botox, and pain, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On September 22, 2014, a urine drug screen was performed. On November 11, 2014, her treating physician reports neck and left shoulder pain. The neck pain is described as achy, burning, shooting, radiating, pressure and deep pain. Her current medication is a non-steroidal anti-inflammatory. The physical exam revealed diffuse tenderness to palpation of the left cervical paraspinals, spinous process, and superior trapezius. There was a trigger point in the left superior trapezius that radiates to the left arm and hand. The cervical range of motion was 75% of normal. The left shoulder exam revealed tenderness to palpation of the left trapezius, biceps tendon, and scapular. The range of motion was decreased with normal strength, no instability, normal sensation and reflexes, negative Tinels and Phalens and positive numbness of the hand with hyperabduction. On February 18, 2015 Utilization Review non-certified a request for a urine drug screen (UDS), noting the lack of documentation of the claimant is taking controlled medication or evidence of abuse, diversion, or hoarding related to the use of medications. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

Decision rationale: The California MTUS guidelines recommends the use of urine drug screening for individuals with issues of abuse, addiction, or poor pain control or as an option to test the presence of illegal drugs. However, the attached medical record does not indicate that the injured employees taking any current opioid medications at this time. As such, this request for urine drug screen is not medically necessary.