

Case Number:	CM15-0035651		
Date Assigned:	03/04/2015	Date of Injury:	05/17/2010
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 50 year old female who sustained an industrial injury on 5/17/10. The injured worker reported symptoms in the bilateral upper and lower extremities. The diagnoses included cervical spine sprain and possible disc space narrowing, status post right shoulder arthroscopy and rotator cuff repair, right elbow lateral epicondylitis, right hand status post carpal tunnel release, left hand carpal tunnel syndrome, left hand de Quervain tenosynovitis status post release, right knee status post arthroscopy, left knee status post total knee arthroplasty, left wrist small volar ganglion cyst and bilateral feet plantar fasciitis. Treatments to date include oral pain medications, injections, activity modification. In a progress note dated 12/15/14 the treating provider reports the injured worker was with "right elbow lateral epicondylar pain, right foot plantar fascial pain, right knee pain and stiffness of the left knee." On 2/2/15 Utilization Review non-certified the request for urine toxicology quantitative and confirmatory testing. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology quantitative and confirmatory testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 614-616.

Decision rationale: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications, and selling medications). Standard urine drug/toxicology screening processes should be followed (consult a qualified medical review officer). Patient had a drug screen as recently as May of 2014, and was found to be compliant. Urine toxicology quantitative and confirmatory testing is not medically necessary.