

Case Number:	CM15-0037843		
Date Assigned:	03/06/2015	Date of Injury:	10/23/2012
Decision Date:	05/05/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 43 year old male who sustained an industrial injury on 10/23/2012. He reported pain in his right arm. The injured worker was diagnosed as having right elbow straining injury versus lateral epicondylitis situation post- surgery 07/2014, right shoulder sprain, and C3-4 bulge. Treatment to date has included right elbow surgery. Currently, the injured worker complains of neck pain and numbness in the right upper extremity. He is doing a home exercise program, and has not yet returned to work as he has been terminated from his employment. The worker was given a topical analgesic which decreased his pain and soreness and allowed him to have improved activities of daily living including the ability to provide self-care, cook and clean. Refills of his oral pain medications were requested, and a full panel drug screen was done prior to providing any refills. A request for authorization of the Full Panel Drug Screen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Panel Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for neck pain and right upper extremity numbness. Medications include Tramadol ER with decreased pain from 6/10 to 2/10. Urine drug screening was performed on 01/28/15. Screening within the previous year does not appear to have been done. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant would be considered at low risk. There are no urine drug test results within year prior to this request. In this case, the testing requested was within guideline recommendations and therefore was medically necessary.