

Case Number:	CM15-0044346		
Date Assigned:	03/16/2015	Date of Injury:	09/08/2012
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained a work/ industrial injury on 9/8/12. She has reported initial symptoms of neck, bilateral shoulder, and back pain. The injured worker was diagnosed as having mild cervical discopathy, left hip contusion and strain. Treatments to date included medication, diagnostics, acupuncture, injections, physical therapy, and electracorporeal shockwave treatment (ECSWT) treatments. Magnetic Resonance Imaging (MRI) curved acromion, severe osteoarthritis of the acromioclavicular joint; moderate tendinosis of the supraspinatus, infraspinatus, subscapularis; mild bursitis of subacromial, subdeltoid, and subcoracoid areas. MR I of the lumbar spine reported disc desiccation at L5-S1 with associated loss of disc height, straightening of lumbar lordotic curvature, L5-S1 diffuse disc herniation which cause stenosis of the spinal canal an left neural foramen. Currently, the injured worker complains of ongoing neck pain with some radiation to the upper extremities, along with severe low back pain. The treating physician's report (PR-2) from 1/12/15 indicated reduced range of motion in the cervical, thoracic, lumbar, right /left shoulder, wrists and feet. There were also sleep complaints. Medications included Tramadol. Treatment plan included a Retro Review for Urine Drug Screen for DOS 8/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review for Urine Drug Screen for DOS 8/28/14: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service August 28, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. 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 injured workers working diagnoses are headaches; cervical spine sprain/strain; cervical radiculopathy; bilateral shoulder sprain/strain; lumbar spine sprain/strain; and lumbar radiculopathy. A July 7, 2014 progress note contains a urine drug toxicology screen. Hydrocodone was prescribed but the urine drug screen was negative for any medications. This inconsistent urine drug screen was not discussed in the progress note for subsequent progress note. A progress note dated August 27, 2014 indicates the injured worker is now taking Tramadol. There was no clinical rationale for change from hydrocodone to tramadol in the medical record. There were no risk assessments in the medical record. The requesting physician did not provide a clinical indication or rationale for repeating a urine drug screen in this injured worker. There was no risk assessment and, as a result, there was no way to determine whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. There is no documentation of aberrant drug-related behavior or drug misuse or abuse. Consequently, absent compelling clinical documentation with a risk assessment and a prior inconsistent urine drug screen that was not commented upon, retrospective urine drug testing date of service August 28, 2014 is not medically necessary.