

Case Number:	CM15-0047176		
Date Assigned:	03/19/2015	Date of Injury:	03/19/2004
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 3/19/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having sprains and strains of unspecified site of knee and leg, chronic cervical spine sprain/strain with evidence of facet arthropathy, lumbar spine strain/sprain with bilateral lumbar radiculopathy, and depression due to chronic pain. Treatment to date has included surgical (left shoulder surgery in approximately 2006, right carpal tunnel release in 2007, and left carpal tunnel release in 2008) and conservative measures, including diagnostics (magnetic resonance imaging of the cervical spine on 3/15/2013 and magnetic resonance imaging of the lumbar spine on 9/16/2013), medications, physical therapy, psychology, and acupuncture. Currently, the injured worker complains of pain over the cervical and lumbar spines. Medication use included Norco, Naproxen, Duloxetine, Omeprazole, and Ducosate Sodium/Senna. She rated pain 4/10 with medication use and 8-9/10 without. No evidence of drug seeking behavior was documented and her mood appeared appropriate. Exam of the cervical spine noted slight tenderness over the cervical musculature. Exam of the upper extremities noted tenderness over the left acromioclavicular joint. Exam of the lumbar spine noted moderate bilateral paraspinal tenderness from L1-S1, with muscle spasms. A positive straight leg raise test was noted on the right. The treatment plan included Tramadol trial, medication refills, and random urine drug screening (4 times per year). Urine drug screening, dated 2/11/2015, was consistent with prescribed medications. The patient had received cervical median branch block on 6/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (4x a year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, Therapeutic Trial of Opioids Page(s): 78, 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain (updated 04/06/15)Urine drug testing (UDT).

Decision rationale: Request: Urine Drug Screen (4x a year). Per the CA MTUS guideline cited above, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the guideline cited below, drug testing is The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at 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. Urine drug screening, dated 2/11/2015, was consistent with prescribed medications. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Urine Drug Screen (4x a year) is not fully established in this patient. Therefore, the requested treatment is not medically necessary.