

Case Number:	CM15-0047768		
Date Assigned:	03/20/2015	Date of Injury:	04/08/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 56 year old female, who sustained an industrial injury on 4/8/14. She reported soreness of left shoulder and anxiety with driving. The injured worker was diagnosed as having left shoulder pain, left shoulder sprain/strain, cervical spine pain and cervical sprain/strain. Treatment to date has included physical therapy, oral medications and topical creams. Currently, the injured worker complains of soreness to left shoulder/neck with a burning sensation. The injured worker noted with physical therapy she has decreased pain and increased range of motion. The treatment plan included continuation of physical therapy, continuation of medications and toxicology screening to monitor the use of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, urine drug screen 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. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured workers working diagnoses are left shoulder pain; left shoulder sprain/strain; cervical spine pain; and cervical spine sprain/strain. The most recent progress note in the medical record dated February 3, 2015 the not contain a current list of medications. Moreover, there were no medications listed in the progress note. The treating physician ordered the urine drug screen to monitor the use prescribed medications. This is an inappropriate indication for urine drug testing. Urine drug testing is designed to monitor compliance, identify undisclosed substances and uncover diversion of prescribed substances. An earlier progress note from December 2014 showed Voltaren gel was refilled. There were no other medications (opiates) noted in the medical record. Consequently, absent clinical documentation with a list of current medications with an appropriate clinical indication and rationale, urine drug screen is not medically necessary.