

Case Number:	CM15-0057334		
Date Assigned:	04/02/2015	Date of Injury:	05/30/1996
Decision Date:	05/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 is a 53 year old female who sustained an industrial injury to her cervical disc and shoulder on May 30, 1996. The injured worker is status post arthroscopy right shoulder rotator cuff repair and multiple cervical spine surgeries and multilevel cervical fusions (1997, 1998 and 2000). The injured worker was diagnosed with right shoulder rotator cuff syndrome, degenerative disc disease of the cervical and lumbar spine, headaches, and chronic right hip and buttock pain. According to the primary treating physician's progress report on March 3, 2015 the injured worker continues to experience neck, bilateral shoulder, left hand and right hip pain all documented at 7/10. Examination of the cervical spine demonstrated tenderness in the midline over the paraspinal muscles with hypertonicity in the trapezius muscle and decreased range of motion due to pain. Cervical compression test was positive and Spurling's test was positive bilaterally. Both upper and lower extremities were neurologically intact. Current medications are listed on the January 12, 2015 primary treating physician's prescription as Flexeril, Anaprox, Norco 10/325mg, Tylenol #3, Ultram, Anexsia 7.5/325mg, Ambien, Elavil, Prilosec, and transdermal topical analgesics. Treatment plan consists of continue with medications, awaiting authorization for spine surgeon consultation and the request for a urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screening as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the purpose of the test is to monitor compliance with the opioid agreement, but the patient was apparently utilizing only Flexeril at the time of the request, which is not an opioid. Furthermore, there is no documentation of the date and results of any prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.