

Case Number:	CM15-0080354		
Date Assigned:	05/01/2015	Date of Injury:	06/07/2012
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 is a 53-year-old male, who sustained an industrial injury on 6/07/2012. Diagnoses include cephalgia, right shoulder sprain/strain rule out tendinitis, impingement, cuff tear and internal derangement, left shoulder sprain/strain rule out tendinitis and impingement, herniated cervical disc C6-7 and C3-4 with radiculopathy/radiculitis, cervical disc degeneration, sprain lumbar region, anxiety and depression and carpal tunnel syndrome. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, bracing and medications. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the injured worker reported bilateral shoulder pain rated as 10/10 in severity, left hand and wrist pain rated as 5-6/10, neck pain with radiation to the bilateral shoulders rated as 10/10 and low back pain rated as 10/10. Physical examination of the cervical spine revealed reduced range of motion and paraspinal spasm and tenderness. Lumbar spine examination revealed reduced range of motion and positive straight leg raise test at 75 degrees bilaterally. Shoulder examination revealed reduced range of motion bilaterally with tenderness and positive impingement test on the left and right. There was restricted range of motion of the bilateral wrists and hands with positive Tinel's and Phalen's tests. The plan of care included surgical intervention. Authorization was requested for urine drug screen. (DOS 3/09/2015)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen for DOS 3/9/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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 is nearly 3 years status post work-related injury and continues to be treated for neck, low back, bilateral shoulder, and left wrist and hand pain. When seen, there was decreased and painful spinal range of motion and positive shoulder impingement testing. Medications being prescribed included Percocet and Ultram. Prior urine drug screening in December 2014 had been positive for tramadol only. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the prior urine drug testing was not consistent with the medications being prescribed. The testing performed was therefore medically necessary.