

Case Number:	CM15-0083877		
Date Assigned:	05/06/2015	Date of Injury:	03/01/2008
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male, who sustained an industrial injury on March 1, 2008. The injured worker was diagnosed as having cervicalgia, right medial epicondylitis, bilateral carpal tunnel syndrome, low back pain syndrome, right lateral epicondylitis, thoracic degenerative disc disease, cervical radiculitis, cervical degenerative disc disease, ulnar neuropathy, shoulder pain, chronic pain syndrome, history of left ulnar transposition surgery on November 26, 2012, history of left shoulder surgery on March 30, 2011, and history of right shoulder surgery on September 21, 2011. Treatment to date has included electrodiagnostic studies, left elbow cortisone injections, bilateral shoulder surgeries, and medication. Currently, the injured worker complains of increased bilateral elbow (lateral epicondyle pain) left greater than right. The Primary Treating Physician's report dated January 6, 2015, noted the injured worker underwent a C7-T1 interlaminar epidural steroid injection (ESI) on December 2, 2014, with the injured worker reporting 50% pain relief of his neck, able to rotate the neck easier since the injection. The injured worker reported neck pain at 9/10 in intensity prior to the injections, with current neck pain as a 5/10 in intensity. The injured worker was noted to be taking Kadian, Tramadol, Lidoderm patch, Zolof, Robaxin, Anaprox, Neurontin, Lidex ointment, and Naproxen. The treatment plan was noted to include refill of Kadian and Tramadol, and an electromyography (EMG)/nerve conduction study (NCS). The Primary Treating Physician's report dated March 3, 2015, noted the cervical spine examination showed some pain with neck extension and minimal pain with rotation of the neck. Tenderness over the left elbow was noted,

with Spurling's sign eliciting neck pain. The Physician noted the injured worker underwent a urine toxicology analysis on January 6, 2015, testing positive for morphing tramadol, hydromorphone, and gabapentin, consistent with what was being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: high complexity qualitative urine drug screen by immunoassay method x9 with alcohol testing, any method other than breath x1 (DOS: 1-6-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December". The patient has been on chronic opioid therapy. The patient had 6 urine drug screens between March 26, 2014 and Jan. 6, 2015 each providing results consistent with medication. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Retro: high complexity qualitative urine drug screen by immunoassay method x 9 with alcohol testing, any method other than breath x 1 (DOS: 1-6-15) is not medically necessary.