

Case Number:	CM15-0085527		
Date Assigned:	05/08/2015	Date of Injury:	03/01/2013
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 48-year-old male who sustained an industrial injury on 03/01/2013. Diagnoses include cervical disc disease, cervical radiculopathy, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint sprain/strain. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic manipulative therapy, rest and a home exercise program. A physician progress note dated 04/08/2015 documents the injured worker complains of pain in the neck, which he rates as a 9-10 out of 10. The pain is described as stiff, pins and needles, and radiates down the bilateral shoulders, left side greater than the right and into the arms with numbness and tingling sensation into the hands. He has a loss of grip. He complains of pain in the low back, right side greater than left, which he rates on a pain scale of 7-10 out of 10. The pain is described as on and off, ache and cramps radiating down the right leg into the heel/foot. He has an antalgic gait to the right. Cervical examination reveals tenderness over the cervical paravertebral musculature and bilateral trapezius muscles. Axial head compression is positive bilaterally, and Spurling's sign is positive bilaterally. There is facet tenderness to palpation noted over the C3-C7 spinous processes. Range of motion is diminished. The lumbar spine has diffuse tenderness noted over the lumbar paravertebral musculature. There is moderate facet tenderness noted over the L3-S1 spinous processes. Lumbar range of motion is decreased. Kemp's test is positive both left and right, and Farfan test is positive left and right. The treatment plan includes bilateral C5-C6 and C6-C7 Trans facet epidural steroid injections times 2, L3-L4 and L4-L5 transforaminal epidural steroid

injections, a cervical traction unit, and he is to continue with his present medications. Treatment requested is for Urine Drug Test, per 4/8/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test, per 4/8/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none is provided. The Urine Drug Test, per 4/8/15 order is not medically necessary and appropriate.