

Case Number:	CM14-0123879		
Date Assigned:	08/08/2014	Date of Injury:	11/30/2012
Decision Date:	12/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old female with a work related injury dated November 30, 2012. The injury was described as a slip and fall incident resulting in a back injury and a bulging disc at the L4-S1. Per the documentation of the May 13, 2014 physician's visits, the worker presented with complaints of aching pain in her left shoulder, which was rated eight on a scale of ten. There was also an aching pain with numbness, a pins and needle sensation in the lower back rated eight to nine. An aching pain in her left knee which was rated as seven, an aching pain in her head and neck which was rated eight and an aching pain with pins and needles sensation in her left leg with was rated six to seven. The physical exam revealed tenderness and crepitus on mobility. Range of motion of the lumbar spine was documented as abduction at 145 degrees, flexion 145 degrees, extension 30 degrees, adduction 30 degrees, internal rotation 40 degrees and external rotation 40 degrees. Forward flexion that was restricted by obesity, pain on extension and hip and knee range intact. Range of motion of the left knee was described as full range of motion, no instability, and some mild lateralization of the patella and patellar subluxation. Diagnosis documented with this visit was left shoulder impingement, L5-S1 disc herniation with left-sided radiculopathy and left knee internal derangement. Treatment plan at this visit included Ultram for pain, Theremin for anti-inflammatory purposes, AppTrim for weight loss, counseling on weight reduction and a home exercise activity, Flexeril, Naproxen and a urinalysis for medication monitoring. A urine drug test on 3/18/2014 was inconsistent for hydrocodone and tramadol. The utilization review dates July 17, 2014 reflected the urinalysis was non-certified due to the lack of documentation to support the need for the test.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) DOS 05/13/14 Urinalysis (to monitor medication compliance): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary last updated 04/10/114- Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. The urine drug testing conducted on 3/2014 did reveal inconsistent results. However, the medical records did not reveal any changes in the medication regimen between 3/2014 and the requested 5/2014 urine drug test. The interim medical treatment notes do make mention to the inconsistent results, but make no treatment plan to address the inconsistency. As such, the current request for DOS 05/13/14 Urinalysis (to monitor medication compliance) is not medically necessary.