MAXIMUS Federal Services

Case Number:	CM14-0028677		
Date Assigned:	06/16/2014	Date of Injury:	06/07/2013
Decision Date:	09/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 49 year old male who is right hand dominant and sustained a work-related injury on June 7, 2013. Per the medical records dated June 10, 2013, he sustained injuries while working on a light turbine when it exploded which threw him back and injured his upper back hitting it on a hand railing. On examination of the thoracic spine, tenderness was noted. His active range of motion was normal in all planes. Ibuprofen 200 milligrams #40 was provided. An initial report dated August 8, 2013 indicates that the injured worker presented complaints of headaches, constant cervical spine/upper back pain and upper extremities pain rated 4-8/10 with burning sensation, tightness and sharp pain radiating to the upper back and bilateral arms. Pain was aggravated with lifting and carrying. He has been taking Aleve. He also complained of an easily dried out right eye which caused 7/10 pain, as well as shortness of breath and coughing while climbing stairs and walking. On examination, bilateral cervical paraspinal tenderness was noted along the upper trapezius and C7 through T2 area. Hi range of motion was limited in all planes. X-rays of the cervical spine demonstrated disc space narrowing of mild nature at C5-6 with anterior spur osteophyte formation. He was recommended to undergo physical therapy three times per week for six weeks and was provided with a prescription of Naproxen and Flexeril. Urine drug testing was also done which revealed positive for hydrocodone and acetaminophen. Most recent medical records provided dated November 20, 2013 indicated that he completed about 10 or 11 physical therapy sessions but were not particularly helpful. He reported ongoing neck pain with radiation to the left upper extremity in the C7 dermatomal distribution. He also noted low back pain with radiation to the left buttock and left posterior thigh down to his knee. On examination, cervical range of motion was limited. Hyperesthesia, numbness, and tingling sensation were noted in the C7 distribution in the left arm. A lumbar spine examination noted focally tender at the lumbosacral junction and limited range of motion. He also noted to walk

with a limp on the left side. He is diagnosed with cervical and thoracic sprain with cervicogenic headaches, radiation in the upper extremities, questionable right eye injury, and questionable pulmonary injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PANEL URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINE DRUG TESTING (UDT).

Decision rationale: It is noted that the urine drug screening test dated August 8, 2013 indicated that the injured worker is positive for hydrocodone, hydromorphone, norhydrocodone, as well as acetaminophen. Progress notes indicate that the injured worker was provided with prescriptions only for Naproxen and Flexeril. These medications are documented to be utilized by injured worker since August 8, 2013 up until January 15, 2014. Due to the absence of any documentation which indicates that opioids are part of this injured worker's prescription medication the presence of opioids in urine drug testing results can be regarded as illicit drugs. In lieu with the above, evidence-based guidelines indicate that this places the injured worker under high risk category. Guidelines further mention that for those who are at "high risk" may require testing as often as once per month and a confirmatory report is strongly recommended. There is a need to obtain prescription drug monitoring reports. However, documentation indicates that the injured worker had another urine drug screening on January 15, 2014 and results were not provided. Due to the absence of recent urine drug tests results, as well as absence of a confirmatory report in lieu of the detected opioids in the August 8, 2013 urine drug testing, the medical necessity of the requested 6 panel urine drug test is not established.