

Case Number:	CM14-0028993		
Date Assigned:	07/25/2014	Date of Injury:	12/31/2012
Decision Date:	08/28/2014	UR Denial Date:	02/06/2014
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 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:

Injured worker is a male with date of injury 12/31/2012. Per pain management specialist, primary treating physician's initial comprehensive evaluation and request for authorization of treatment dated 5/20/2013, the injured worker has complaints involving cervical spine, right shoulder, right wrist and hand, and stress. He complains of occasional neck pain located on posterior and sides of the neck. The pain radiates to the upper back and right upper extremity. He indicates that the character of the pain is tightness, throbbing and with pressure. He rates the pain prior to injury at 2/10, and currently 8/10. His best pain level is 5/10 and the worst pain is 8/10. He states the pain is relieved by rest, exercise, therapy and with the use of hot and cold modalities. The pain is aggravated by stress, looking down and looking up. He reports occasional right shoulder pain, which is located over the anterior and scapular aspect of the shoulder. The pain radiates to the neck, upper back and down the arm to the wrist and hand. There is associated stiffness, giving away, weakness and limited motion. He indicated that the pain is characterized as tightness, throbbing, and with pressure. There is associated clicking, stiffness, weakness and limited motion. He reports the pain is aggravated by lifting or carrying 10-15 pounds and keyboarding. On examination, there is tenderness and spasms upon palpation of the cervical paravertebral muscles. Cervical spine range of motion is minimally reduced. Shoulder depression test is positive on the right. The right shoulder is tender to palpation along the right suprascapular region. Range of motion of the right shoulder is minimally reduced. Supraspinatus test is positive on the right. There is right carpal tenderness. Right wrist range of motion is minimally reduced. Tinel's median test is positive on the right. Diagnoses include 1) rule out cervical radiculitis 2) rule out right shoulder internal derangement 3) rule out right wrist internal derangement 4) stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR URINE DRUG SCREEN COLLECTED 5/20/2013:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The Expert Reviewer's decision rationale:Urine drug screening is supported by the MTUS Guidelines, particularly when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. There was no documentation of the patient taking opioid pain medications, nor were they prescribed any at this point. Furthermore, there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior.The retrospective review for urine drug screening collected 5/20/2013 is considered not medically necessary.

RETROSPECTIVE REVIEW OF 6/4/2013 MEDICAL RECORD REVIEW OF DRUG SCREEN COLLECTED 5/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing section, Opioids. Page 43 and 112.The Expert Reviewer's decision rationale:Urine drug screening is supported by the MTUS Guidelines, particularly when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. There was no documentation of the patient taking opioid pain medications, nor were they prescribed any at this point. Furthermore, there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. Since the urine drug screening was determined to not be medically necessary, the accompanying medical record review and five page report of this drug screening is also not medically necessary. The retrospective review of 6/4/2014 five page report of urine drug screening collected 5/20/2013 is considered not medically necessary.

RETROSPECTIVE REVIEW OF 6/4/2013 FIVE (5) PAGE REPORT OF URINE DRUG SCREEN COLLECTED 5/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: Urine drug screening is supported by the MTUS Guidelines, particularly when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. There was no documentation of the patient taking opioid pain medications, nor were they prescribed any at this point. Furthermore, there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. The retrospective review for urine drug screening collected 5/20/2013 is considered not medically necessary.