

Case Number:	CM14-0099195		
Date Assigned:	09/16/2014	Date of Injury:	03/31/2003
Decision Date:	10/15/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 60 year old female employee with date of injury of 3/31/2003. A review of the medical records indicate that the patient is undergoing treatment for Cervical spine musculoligamentous sprain, Subacromial impingement syndrome, right shoulder, Carpal tunnel syndrome, Medial and lateral epicondylitis, right elbow. Subjective complaints include pain in the cervical spine increased with flexion, extension, and rotation; pain in right shoulder and both wrists, and right biceps area; neck pain with repetitive movements and prolonged positions; numbness and tingling in both hands; radiating pain in both upper extremities. Objective findings include palpable tenderness over the cervical spine paravertebral musculature and trapezial musculature with spasm; right shoulder: tenderness is palpable over the biceps tendon and tenderness noted over trapezial area; right elbow: tenderness is palpable; tenderness over the first extensor compartment of the bilateral wrists, and positive Finkelstein test. Treatment has included Hydrocodone 10mg, Soma 350mg, and Xanax. Patient was taking Ativan 1mg as of 2/2/2014. Patient did have bilateral wrist braces, but they wore out. Lab result on 5/19/2014 detected Carisoprodol, Paroxetine, and Tramadol. The utilization review dated 6/4/2014 partially certified Urine toxicology screen every 60 to 90 days modified to 10-panel random urine toxicology screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results, x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen every 60 to 90 days: 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 (updated 05/15/2014) Urine Drug Testing (UDT)

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 Official Disability Guidelines (ODG) Pain, Urine Drug Testing 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". Laboratory results from 2/11/2014 indicate that Carisoprodol, Paroxetine, and Tramadol were detected. However, there is no corresponding prescription for Paroxetine and Tramadol. Lorazepam is prescribed but is not detected. There is inconsistent use of medication. ODG states "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology". As such, the request for Urine Toxicology Screen Every 60 To 90 Days is not medically necessary.