

Case Number:	CM14-0214361		
Date Assigned:	01/07/2015	Date of Injury:	11/05/2012
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 59-year-old female with an injury date of 11/05/2012. Based on the 08/20/2014 progress report, the patient complains of pain in her lower back, right shoulder, right wrist, right hand, right hip, and bilateral knee which she rates as a 5/10. She has difficulties with activities of daily living, difficulty walking/running, loss of range of motion, and weakness. The 09/06/2014 report indicates that there is mild cervical protraction with corresponding loss of cervical lordosis, a limited range of motion for the cervical spine, mild tight band, mild spasm, mild hypertonicity, and moderate tenderness along the right cervical paraspinal muscles. In regards to the lumbar spine, the patient has a limited range of motion, mild tight band, mild spasm, mild hypertonicity, and moderate tenderness along the bilateral lumbar spine. For the right shoulder, the patient has a decrease range of motion, a positive empty can test, and on palpation, mild tenderness is noted along the acromioclavicular joint. For the right wrist, range of motion is restricted with flexion and extension. For the right hand, tenderness to palpation is noted over the first carpometacarpal joint. The right hip has a restricted range of motion with flexion and tenderness is noted over the trochanter. Range of motion of the right knee is also limited, tenderness to palpation is noted over the medial joint line and quadriceps tendon, anterior drawer test is positive, patellar grind test is positive. For the left knee, there is tenderness to palpation over the medial joint line and patella. The 11/12/2014 report indicates that the patient rates her pain as a 5/10, has positive high blood pressure, is moderately obese, has an awkward/slow gait, and has abnormal posture with guarding of the low back. The patient's diagnoses include the following: 1.Osteoarthritis NOS, knee. 2.Osteoarthrosis of lower leg (knee, ankle). 3.Plantar

fasciitis. 4. Bicipital long-head tenosynovitis, right. 5. Moderate obesity. 6. Hip pain. 7. Lumbar degenerative disk disease. 8. Radiculopathy, lumbar. 9. Disorders of sacrum, severe pain. 10. MSK symptoms NEC (mild cervical protraction). 11. Abnormal posture with guarding of the lower back. 12. Acromioclavicular sprains and strains, right. 13. Knee sprain/strain. 14. Joint replaced knee. The utilization review determination being challenged is dated 12/10/2014. Treatment reports are provided from 01/03/2014 - 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service 10/14/14 for outpatient comprehensive urine drug screen to include drug confirmation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing

Decision rationale: The patient presents with pain in her lower back, right shoulder, right wrist, right hand, right hip, and bilateral knee. The request is for a COMPREHENSIVE UDS. The patient has had prior urine drug screens on 07/07/2014, 06/27/2014, and 10/14/2014. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The report with the request is not provided. As of 11/12/2014, the patient is taking norco and orphenadrine citrate. The patient had 3 prior urine drug screens on 06/27/2014, 07/07/2014, and 10/14/2014 which revealed that the patient was consistent with her prescriptions. The treater does not explain why a repeat UDS is required and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested comprehensive urine drug screen IS NOT medically necessary.