

Case Number:	CM14-0215703		
Date Assigned:	01/05/2015	Date of Injury:	05/10/2006
Decision Date:	02/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old female reportedly sustained an undisclosed work related injury on February 1, 2004 resulting in chronic pain. Diagnoses include right rotator cuff repair with residuals and frozen shoulder, left knee Arthroplasty X2 with residual arthralgia, right carpal tunnel release, chronic pain syndrome, depression, anxiety, lumbar spondylosis and cervical radiculitis. Primary treating physician visit dated November 26, 2014 provides the injured worker continues with chronic pain improved by use of medication. A prior urine drug screen revealed findings consistent with medications prescribed by her psychiatrist. Physical exam found persistent psychomotor slowing and diffuse general tenderness. The injured worker ambulated with a cane. Disability status is permanent and stationary. Medication includes Prilosec, Tagamet, stool softeners, Ultram and Lyrica. Documentation was limited to the November 26, 2014 visit. On December 10, 2014 utilization review modified a request dated November 26, 2014 for urine drug screen for pharmacological treatment, four times to urine drug screen for pharmacological treatment X1. Application for independent medical review (IMR) is dated December 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen for pharmacological treatment, four times: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Disability Duration Guidelines, 9th Edition, Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse. Page(s): 89 and 94.

Decision rationale: This 58 year old female patient has complained of shoulder, knee, wrist and low back pain since date of injury 2/1/2004. She has been treated with rotator cuff surgery, knee arthroplasty, physical therapy and medications. The current request is for Urine drug screen, four times. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. It is unclear from the available provider records how long the patient has been treated with opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.