

Case Number:	CM15-0005963		
Date Assigned:	01/21/2015	Date of Injury:	02/09/2012
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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:

The injured worker is a 46 year old female, who sustained a work related injury on 2/9/12. The diagnoses have included chronic cervical and lumbar strain with radiation to arms, right shoulder strain with improvement, right elbow strain, sleep disorder and gastritis. Treatment to date has included neurodiagnostic studies, MRI arthrogram of right shoulder, tendon sheath injection, oral medications. In the PR-2 dated 11/25/14, the injured worker complains of persistent, chronic pain in the cervical and lumbar spine, left shoulder, and left wrist. She rates pain a 6-7/10. She complains of pain in bilateral arms. The request for the urine drug screen was made as part of the pain treatment agreement. Date of last drug screen not noted. On 12/11/14, Utilization Review non-certified a request for a urine toxicology screen. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines chapter: Pain, Urine Drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.. Decision based on Non-MTUS Citation Pain (Chronic), Urine drug testing (UDT)

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. ODG further clarifies frequency of urine drug screening:- low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-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.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. Medical records fail to show that the patient is on a narcotic at this time. She did start a benzodiazepine short term to help with sleep. The patient is classified as low risk. As such, the current request for urine toxicology screen is not medically necessary.