MAXIMUS Federal Services

Case Number:	CM15-0010649		
Date Assigned:	01/28/2015	Date of Injury:	07/31/2012
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 injured worker is a 55 year old male with a date of injury as 07/31/2013. The current diagnoses include left wrist internal derangement, left lumbar radiculopathy, and left shoulder impingement. Previous treatments include medications, left shoulder steroid injection, and physical therapy. Report dated 12/04/2014 noted that the injured worker presented with complaints that included left shoulder pain, left wrist pain, low back pain, and neck pain. Physical examination revealed diffuse muscle guarding, positive axial head compression, bilateral shoulder tenderness, decreased range of motion in the shoulder, tenderness in the elbow, wrist tenderness and decreased range of motion in the left wrist, and tenderness in the lumbar spine. Current medication regimen included Tramadol ER, Naproxen, and omeprazole. The utilization review performed on 12/31/2014 non-certified a prescription for 4 urine drug tests to include qualitative point of care test and quantitative lab confirmations based on lack of clinical findings the injured worker is not a candidate for urine drug screening. The reviewer referenced the California MTUS Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) urine drug tests to include qualitative point of care test and quantitative lab confirmations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, tools for risk stratification & monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain and weakness in his left shoulder, lower back and lower extremities. The request is for 4 URINE DRUG TESTS TO INCREASE QUALITIVE POINT OF CARE TEST AND QUANTATIVE LAB CONFIRMATIONS. The patient is currently Tramadol ER, Naproxen and Omeprazole. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening UDS-- should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the 12/04/14 progress report indicates that the patient underwent UDS with normal findings and the date was not provided. The treater explains why repeat UDSs are required. There is no discussion regarding opiate risk assessment. The current request of 4 urine drug tests would exceed what is recommended per ODG guidelines. The request IS NOT medically necessary.