

Case Number:	CM15-0010851		
Date Assigned:	01/28/2015	Date of Injury:	10/27/2002
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old male, who sustained a work injury on 10/27/12. He has reported symptoms of numbness and tingling in the bilateral hands. Prior medical history includes carpal tunnel syndrome, back problems, and gastritis. Past surgery included left and right shoulder surgeries and revision of rotator cuff repair. The diagnoses have included neck, shoulder/arm, and elbow sprain. On 12/15/14, the treating physician requested a urine drug screening for medication management/pain medication therapy. Results of testing were negative for Norco prescribed. Treatment to date has included modified work duties and medication. Medications include menthoderm lotion for pain to site, Norco for severe pain management, Voltaren for pain and inflammation, Flexeril for muscle spasms, Ultram for moderate pain, and Protonix to relieve gastritis. On 12/22/14 Utilization Review non-certified a urine drug screening, noting the Medical treatment Utilization Schedule (MTUS) Guidelines Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): (s) 77-80, 94.

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

Decision rationale: The injured worker sustained a work related injury on 10/27/12. The medical records provided indicate the diagnosis of neck, shoulder/arm, and elbow sprain, post-traumatic stress disorder. Treatments have included menthoderm lotion for pain to site, Norco for severe pain, Voltaren for pain and inflammation, Flexeril for muscle spasms, Ultram for moderate pain, and Protonix to relieve gastritis. The medical records provided for review do indicate a medical necessity for Urine drug screening. The injured worker has a history of PTSD, but no history of illicit drug use, alcohol or abuse or smoking. This would place him at moderate risk for opioid drug abuse. The records indicate he was tested 1 time in 2014(04/14 and 12/14), which is within the range recommended by the Official Disability Guidelines for moderate risk. The MTUS recommends urine drug test as an option to assess for illicit drugs or whether an individual is taking a prescribed drug. The Official Disability Guidelines recommends point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results for patients at moderate risk for addiction/aberrant behavior. 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.