

Case Number:	CM15-0011565		
Date Assigned:	01/28/2015	Date of Injury:	07/08/2014
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial related injury on 7/8/14. The injured worker had complaints of bilateral hand pain and pain along the ulnar distribution. Numbness and tingling in the hands as well as weakness was also noted. Treatment included a soft elbow brace, a hot/cold wrap, and physical therapy. Medications included Naproxen and Tramadol ER. Diagnoses included mild carpal tunnel syndrome bilaterally, wrist joint inflammation on the right greater than the left, medical and lateral epicondylitis bilaterally, bilateral shoulder impingement, rotator cuff strain, and bicipital tendinitis bilaterally. The treating physician requested authorization for testing: other urine drug screen. On 1/8/15 the request was modified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The UR physician noted the injured worker was on opioid therapy which required ongoing monitoring for compliance however without documentation of aberrant behavior or any other documentation indicating that the injured worker is anything other than minimal risk for medication misuse the request was partially certified to 1 qualitative screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen 80104 Date of Service 12/12/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources" The documentation submitted for review indicates that the injured worker was being treated with tramadol per progress report dated 11/2014. There were no UDS reports provided for review. Per the ODG guidelines: 3. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. I respectfully disagree with the UR physician the request was medically necessary as part of routine testing.