

Case Number:	CM15-0013499		
Date Assigned:	02/02/2015	Date of Injury:	11/13/2007
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/23/2015

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, New York, California
 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 40 year old female, who sustained an industrial injury on 11/13/2007. She has reported left hand and shoulder pain. Past surgical history included left shoulder arthroscopic bursectomy and subacromial decompression, left cupital elbow tunnel decompression and transposition of the ulnar nerve, and permanent implantation of a spinal cord stimulator. The diagnoses have included shoulder pain, arthritis of the shoulder, Complex Regional Pain Syndrome (CRPS), myofascial pain, cervicgia and occipital neuralgia. Treatment to date has included medication, physical therapy and spinal cord stimulator. Currently, the IW complains of left shoulder pain, pain in the neck with tightness. The medical record documented 70% improvement in symptoms with current regimen. Physical examination from 1/14/15 documented normal Range of Motion (ROM) with upper extremity exam, numbness in fingertips of left hand, cervical tenderness and normal lower extremity examination. The plan of care included encouraging tapering down of opioids. On 1/21/2015 Utilization Review modified a request for a urine drug screen to include qualitative testing with no quantitative testing. The MTUS Guidelines were cited. On 1/21/2015 certified a request for UDS, APAP 3, Cymbalta 30mg, Lyrica 300mg, and Flexeril 5mg. On 1/23/2015, the injured worker submitted an application for IMR for review of urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Routine urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter.

Decision rationale: No, the proposed routine urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population. The MTUS do not establish specific parameters for or identify a frequency with which to perform ODG Chronic Chapter Urine Drug topic, does note that an attending provider should clearly state what drug tests and/or drug panels he intends to test for, should attempt to conform to the best practice of the United States Department Transportation (DOT) when performing drug testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should attempt to categorize the applicants into higher or low risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was a higher or lower risk individual for whom more or less frequent drug testing would be indicated. The attending provider did not signal its intention to eschew confirmatory testing and/or quantitative testing outside of the emergency department overdose context, nor did the attending provider signal its intention to conform to the best practice of the United States Department of Transportation. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.