

Case Number:	CM15-0124989		
Date Assigned:	07/09/2015	Date of Injury:	08/13/2014
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: Emergency 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 65-year-old male, who sustained an industrial injury on 8/13/2014. He reported developing pain in the neck, right shoulder, both hands and wrists and low back. Diagnoses have included continuous trauma injury, cervical strain with disc bulging and stenosis, lumbosacral strain with disc bulging, hearing loss right ear and bilateral shoulder bursitis and bicipital tenosynovitis. Treatment to date has included magnetic resonance imaging (MRI) and physical therapy. According to the progress report dated 4/16/2015, the injured worker complained of pain in his neck and lower back. Exam of the cervical spine revealed tenderness to palpation. Exam of the lumbar spine revealed tenderness to palpation. Exam of the right shoulder revealed minimal to mild tenderness to palpation to the trapezial muscle. The injured worker was temporarily totally disabled. Authorization was requested for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, indicators for addiction Page(s): 77; 87-88.

Decision rationale: The request is for urinalysis x 1. The MTUS guidelines recommend a urine drug screen as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. This is especially true before a therapeutic trial of opioids, as well when there is heightened concern for dependence/addiction or misuse/addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction are: 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. There is no clear documentation within the records provided that would indicate possible misuse of controlled substances, nor is there clear documentation that the treating physician is considering a trial of opioids. The request as written is not medically necessary by the MTUS guidelines and therefore is not medically necessary.