

Case Number:	CM15-0170975		
Date Assigned:	09/11/2015	Date of Injury:	08/24/2009
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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 56-year-old female, who sustained an industrial injury on 8-24-2009 (bilateral shoulders). Multiple dates of injury were referenced throughout the medical records. The injured worker was diagnosed as having cervical degenerative disc disease, right upper extremity radicular pain, right carpal tunnel syndrome, right pisiform osteoarthritis and right thumb carpal-metacarpal osteoarthritis, thoracic outlet syndrome, status post recent left supraclavicular scalenectomy, status post previous right supraclavicular scalenectomy, and upper thoracic pain due to thoracic disc disease. Treatment to date has included diagnostics, epidural injections for cervical degenerative disc disease, multiple right shoulder surgeries, and medications. Currently (5-14-2015), the injured worker reports a 60-70% reduction in the past in the mid to upper thoracic region. The radicular component of the pain, wrapping around the chest bilaterally, was more than 90% improved. She had some residual pain one or two levels above where the thoracic epidural steroid injection was performed on 5-01-2015. She inquired if trigger point injections could be done. Her physical exam noted her to be alert and oriented. Well healed scars were noted over both clavicles. There was significant tenderness of the lower cervical paraspinal muscles, upper back trapezius, rhomboid, and levator scapulae muscles. There was decreased tenderness in the mid to upper thoracic region (previously significant) and less or absent numbness-tingling radicular to the thoracic region. Her medication was noted as Ibuprofen and Gabapentin. "Routine" urine drug tests were administered to monitor compliance. An updated Pain Management Agreement was in place. CURES (Controlled Substance Utilization Review and Evaluation System) was utilized to screen for multiple prescribers. It was documented that there had been no evidence of abuse, impairment, diversion, or hoarding. The current treatment plan included routine random urine drug screen, non-certified by Utilization

Review on 8-04-2015. The results of this urine drug screening, or previous screening, were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic 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 medical records submitted for review do not indicate that the injured worker is currently being treated with opioids. The injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.