

Case Number:	CM15-0175136		
Date Assigned:	09/16/2015	Date of Injury:	10/30/2013
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old, female who sustained a work related injury on 10-30-13. The diagnoses have included impingement syndrome right shoulder and right and left carpal tunnel syndrome. Treatments have included a right wrist-hand injection, physical therapy and oral medications. Current medications include Tylenol #3. Previous medications include Norco and Gabapentin. In the progress notes dated 7-6-15, the injured worker reports moderate to severe bilateral shoulder pain. She describes the pain as dull and aching. She rates her pain level an 8 out of 10. She reports constant, moderate to severe bilateral hand pain. She describes the pain as dull and aching. She rates her pain a 4 out of 10. She states the pain in shoulders and both hands is relieved by medication. Upon physical exam, she has 2+ tenderness over the right upper trapezius. She has "creaking" in right shoulder. She has decreased range of motion in right shoulder. She has tenderness over the volar aspect of both hands. She is not working. The treatment plan includes medical clearance for surgery. In the Utilization Review, dated 8-28-15, the urinalysis to include chromatography qualitative, opiate drug and metabolites was found to be not medically necessary due to insufficient documentation over provider concern over injured worker's illicit drug use or noncompliance with use of prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis to include chromatography qualitative, opiate drug and metabolites, and creatinine, per 08/25/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug testing, Confirmatory testing.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. The MTUS Guidelines do not address urine chromatography testing, however. The ODG does address confirmatory drug testing in the form of follow-up chromatography. It states that follow-up chromatography testing are to be used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests, and are typically used when results of a test are contested. These confirmatory drug tests are generally not required when there is no evidence of non-prescribed substances. Confirmatory drug testing should be considered when all sample testing has been negative for prescribed drugs, all positive for non-prescribed opioids, and all samples positive for illicit drugs. In the case of this worker, there was no recent urine drug screening results to show inconsistency with the opioids prescribed and used, and no report found in the documentation from recent notes to suggest this worker was abusing drugs, or showing signs of aberrant behavior to warrant drug testing in the first place. Therefore, the request for confirmatory chromatography appears to be unwarranted and medically unnecessary at this time and based on the evidence available.