

Case Number:	CM15-0175436		
Date Assigned:	09/16/2015	Date of Injury:	05/03/2014
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
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: California, Indiana, New
York Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 5-3-2014. The injured worker was diagnosed as having cervical spondylosis, cervical radiculopathy, obesity, and depression, neck sprain and strain, left wrist sprain and strain and brachial neuritis or radiculitis. The request for authorization is for: urine toxicology screen (UDT) and confirmations; and specimen collection and handling. The UR dated 8-7-2015: non-certified the request for urine toxicology screen (UDT) and confirmations; and specimen collection and handling. On 6-8-2015, he reported neck pain that radiated to the left upper extremity and associated numbness and tingling. Physical examination revealed an abnormal and wide base gait, difficulty with heel-toe walking, inability to squat, decreased lumbar range of motion, decreased cervical spine range of motion, noted tenderness in the neck, positive Spurling's test, decreased strength in the left wrist with extension, diminished left middle digit sensation, and negative straight leg raise testing. On 7-2-2015, he reported left sided neck pain. He rated the pain 9 out of 10, and indicated it affected his daily activities. Physical findings revealed tenderness in the neck area, negative Spurling's test, negative Tinel's sign, positive Phalen's test on the left side, and a negative Rhomberg test. On 7-28-2015, he reported neck pain with stiffness. He rated the neck pain 7 out of 10. He also reported left wrist pain rated 9 out of 10. Physical examination revealed decreased and painful range of motion of the cervical spine, tenderness and spasms to the neck muscles, positive Phalen's test of the left wrist, decreased and painful range of motion and tenderness to the left wrist. Prescriptions were given for Xanax, Ambien and Norco and a urine drug screen performed. The records do not indicate aberrant

drug taking behavior to be noted by the physician. Urine drug screening on 5-26-2015 was positive for a non-prescribed benzodiazepine metabolite. The treatment and diagnostic testing to date has included: medications, x-rays, magnetic resonance imaging of the cervical spine (7-29-2014), electrodiagnostic studies (7-14-2014), urine drug testing (5-26-2015, and 7-28-2015), blood work (6-23-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (UDT) and confirmations (DOS 7/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen (UDT) and confirmation date of service July 28, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervical myofasciitis; cervical radiculopathy; cervical sprain strain; left carpal tunnel syndrome; left DeQuervains disease; left wrist sprain strain; anxiety depression and nervousness. Date of injury is May 3, 2014. Request for authorization is July 31, 2015. According to a July 28, 2015 progress note, subjective complaints include neck pain, wrist and depression and anxiety. Current medications include Xanax, Ambien and Norco. The treating provider requested a urine drug screen to let medication toxicity. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. According to the utilization review, three urine drug toxicology screens were ordered and all consistent despite denials. There is no clinical indication or rationale for a urine drug toxicology screen. Based on clinical information medical record, peer-reviewed evidence-based guidelines, three consistent urine drug toxicology screens, no documentation of aberrant drug-related behavior, drug misuse or abuse and no clinical indication or rationale for urine drug toxicology screen, urine drug screen (UDT) and confirmation date of service July 28, 2015 is not medically necessary.

Specimen collection and handling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, specimen collection and handling is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervical myofasciitis; cervical radiculopathy; cervical sprain strain; left carpal tunnel syndrome; left DeQuervains disease; left wrist sprain strain; anxiety depression and nervousness. Date of injury is May 3, 2014. Request for authorization is July 31, 2015. According to a July 28, 2015 progress note, subjective complaints include neck pain, wrist, depression, and anxiety. Current medications include Xanax, Ambien and Norco. The treating provider requested a urine drug screen to let medication toxicity. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. According to the utilization review, three urine drug toxicology screens were ordered and all consistent despite denials. There is no clinical indication or rationale for a urine drug toxicology screen. Based on clinical information medical record, peer-reviewed evidence-based guidelines, three consistent urine drug toxicology screens, no documentation of aberrant drug-related behavior, drug misuse or abuse and no clinical indication or rationale for urine drug toxicology screen, urine drug testing and confirmation date of service July 28, 2015 is not medically necessary. The urine drug testing and confirmation is not medically necessary and, as a result, specimen collection and handling is not medically necessary.