

Case Number:	CM15-0178883		
Date Assigned:	09/21/2015	Date of Injury:	07/25/2012
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 7-25-2012. A review of medical records indicates the injured worker is being treated for cervical degenerative disc disease with intractable neck pain secondary to industrial injury, cervical radiculopathy secondary to industrial injury, and degenerative joint disease left shoulder secondary to industrial injury. Medical records indicate there was chronic intractable neck pain and left shoulder pain. Physical examination noted pain was 2 out of 10 with intervals no lower than 2 out 10. The injured worker was noted as clear and cogent, unimpaired by medications, good eye contact, depressed affect, fatigued and uncomfortable appearing. Treatment has included medication and 12 visits of physical therapy with slight improvement in range of motion. Urine drug screen dated 4-17-2015 was noted as negative. Utilization review form dated 8-19-2015 noncertified a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS (DOS- 7/6/2015): Upheld

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

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 chapter under Urine Drug Testing.

Decision rationale: The current request is for a RETROSPECTIVE UDS (DOS- 7/6/2015). Treatment has included right shoulder surgery on 06/05/13, medications and 12 visits of physical therapy. The patient remains off work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Per report 07/06/15, the patient presents with chronic intractable neck pain and left shoulder pain. Examination revealed general palpable spasms and tenderness in the cervical spine, trapezius and periscapular areas bilaterally. Range of motion is limited in all directions secondary to pain. The patient is utilizing Ultram, Zanaflex, NSAID and Prilosec. The patient has been prescribed Ultram since November 2014. The patient has had urine drug screenings on 04/17/15, 02/27/15, and 01/16/15, which were negative for the prescribed Ultram. The treating physician consistently notes that the patient is compliant with medication, with no discussion regarding the inconsistent UDS. MTUS states that patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Such excessive testing without addressing the inconsistent screenings is not supported by guidelines. Therefore, the request is not medically necessary.