

Case Number:	CM15-0068304		
Date Assigned:	04/15/2015	Date of Injury:	03/04/2008
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/10/2015

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 69 year old female, who sustained an industrial/work injury on 3/4/08. She reported initial complaints of neck, right arm pain, and left wrist pain. The injured worker was diagnosed as having cervical facet arthrosis, cervical spine degenerative disease, right lateral epicondylitis, right shoulder tendinitis with partial thickness tear of the rotator cuff, and left de Quervain. Treatment to date has included topical and oral medication, diagnostics, and acupuncture. Currently, the injured worker complains of neck, right upper extremity, and left wrist pain. Per the primary physician's progress report (PR-2) on 2/26/15, examination of the cervical spine noted spasm, painful and decreased range of motion, facet tenderness, radiculopathy on the right at C6-7 level, decreased sensation on the right at C6 level, tenderness to palpation over the cervicotracheal ridge. The right shoulder revealed a positive impingement sign and painful range of motion and tenderness to palpation over the acromioclavicular (AC) joint. The right elbow and forearm reveal a positive Tinel's medially, tenderness in a lateral epicondyle. The left wrist hand exam reveals a tender base of thumb and positive de Quervain. Current plan of care included topical creams, chiropractic treatment, and request of a transcutaneous electrical nerve stimulation (TENS) unit. The requested treatments include a retrospective review - urine drug screen (dos 2-26-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review - urine drug screen (dos 2-26-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service February 26, 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 facet arthrosis; cervical spine degenerative disc disease; right lateral epicondylitis; right shoulder tendinitis with partial thickness tear rotator cuff; and left De Quervains. The documentation from a February 26, 2015 progress note shows the injured worker was not taking opiates at the time of the urine drug screen request. There are no risk assessments in the medical record. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Further review of the record shows opiates were not utilized by the treating physician in October 2014 and December 2014. Consequently, absent clinical documentation with a clinical indication/rationale for a urine drug toxicology screen, retrospective urine drug testing February 26, 2015 is not medically necessary.