MAXIMUS Federal Services

Case Number:	CM15-0072047		
Date Assigned:	05/18/2015	Date of Injury:	04/30/1999
Decision Date:	06/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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 male, who sustained an industrial injury on 4/30/1999. He reported right shoulder, right elbow, right knee and low back pain. The injured worker was diagnosed as having right shoulder impingement syndrome, right medial and lateral epicondylitis, right knee internal derangement, lumbar discopathy with spondylolisthesis, and lumbar radiculopathy. Treatment to date has included medications, chiropractic and physical therapy. The request is for urinalysis. On 3/26/2015, he complained of low back pain with radiation down both legs, and associated numbness and tingling. He completed physical therapy and chiropractic therapy, which he indicated to have been helpful in pain relief. He also complained of right shoulder pain, right knee pain, and right elbow pain. Current medications are listed as: Fexmid, Nalfon, Prilosec, Ultram ER, and topical cream of Flurbiprofen/Menthol/Camphor/Capsaicin, and topical cream of Cyclobenzaprine/Tramadol. The treatment plan included: continuing the listed medications, right knee brace, TENS unit, one year gym membership with pool, continued massage therapy with chiropractic treatment, orthopedic consultation, and urine toxicology. The records do not indicate aberrant drug related behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urinalysis is not medically necessary and appropriate.