

Case Number:	CM15-0076509		
Date Assigned:	04/28/2015	Date of Injury:	03/28/2011
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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 47-year-old female who sustained an industrial injury on March 28, 2011. She reported an injury to her low back and right shoulder. Previous treatment includes subacromial decompression and clavicle resection of the right shoulder, bilateral carpal tunnel release and medications. A medical evaluation on March 23, 2015 reveals the injured worker continues to have pain in the neck, bilateral hands/wrist and her lumbar spine. She reports radiation of pain to the bilateral lower extremities. She reports that she is using Ultram two times per day for pain and Zanaflex two times per day for muscle spasms. She notes that she is experiencing functional improvement and pain relief with her medications. She rates her pain a 5-6 on a 10-point scale with the use of medications and a 9 to 10 on a 10-point scale without medications. Diagnoses associated with the request include bilateral carpal tunnel syndrome, impingement syndrome of the right shoulder, cervical spine, and status post bilateral carpal tunnel release and status post right shoulder arthroscopy. The treatment plan includes physical therapy for her low back pain, AME re-evaluation, urine drug screen for medication compliance with Ultram and Zanaflex and a follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening only on the next visit without any reflex quantitative testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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 Urine drug screening only on the next visit without any reflex quantitative testing is not medically necessary and appropriate.