

Case Number:	CM15-0099255		
Date Assigned:	06/01/2015	Date of Injury:	10/17/2013
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This is a 55-year-old female with an October 17, 2013 date of injury. A progress note dated January 5, 2015 documents subjective findings (mid back, chest, and left shoulder pain; significant increases in pain; increase in muscle spasms; pain rated at a level of 9/10 without medications and 5/10 with medications), objective findings (tenderness to palpation at thoracic paraspinal muscles with related muscle spasms and myofascial restrictions; decreased range of motion of the thoracic spine secondary to pain), and current diagnoses (chronic pain syndrome; thoracic pain; chest pain; myalgia). Treatments to date have included medications, physical therapy, and massage therapy. The medical record identifies that current medications are providing the significant amount of pain relief. The treating physician documented a plan of care that included high complexity qualitative urine drug screen by immunoassay method with alcohol testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: High Complexity Qualitative Urine Drug Screen By Immunoassay Method x 9 With Alcohol Testing, Any Other Than Breath x 1 (DOS 1/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 10/17/13 and presents with pain in her mid back, chest, and left shoulder. The request is for a HIGH COMPLEXITY QUALITATIVE URINE DRUG SCREEN BY IMMUNOASSAY METHOD X 9 WITH ALCOHOL TESTING, ANY OTHER THAN BREATH X 1. There is no RFA provided and the patient is on temporary totally disability. Enzyme Immunoassay with alcohol is a urine drug-screening panel. While MTUS Guidelines page 43 do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is diagnosed with chronic pain syndrome, thoracic pain, chest pain, and myalgia. As of 01/05/15, she is taking Norco, Flexeril, Omeprazole, and Naproxen. The patient had two urine drug screens prior to this request from 08/01/14 and 11/03/14. The 08/01/14 report indicates that the patient was taking Hydrocodone which was not prescribed. The 11/03/14 urine drug screen was consistent with the patient's prescribed medications. The treater does not explain why another UDS needs to be certified and there is no documentation that the patient is at high risk for adverse outcomes or has active substance abuse disorder. Given the patient's recent consistent UDS, another urine drug screen by immunoassay method with alcohol IS NOT medically necessary.