

Case Number:	CM15-0099533		
Date Assigned:	06/02/2015	Date of Injury:	11/07/2014
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on November 7, 2014. Several documents included in the submitted medical records are difficult to decipher. She reported cumulative trauma injuries of the head, neck, upper back, shoulders, elbows/arms, wrists, hands, and thumbs. The injured worker was diagnosed as having sprain shoulder/arm not otherwise specified, cervical/thoracic spine sprain/strain: rule out herniated nucleus pulposus, bilateral shoulder sprain/strain: rule out internal derangement, bilateral elbow sprain/strain, bilateral hand/wrist sprain/strain, and left upper extremity radiculopathy. Diagnostic studies to date have included MRI, x-rays, and urine drug screening. Treatment to date has included work modifications, physical therapy, chiropractic therapy, an ergonomic workstation evaluation, a home exercise kit, a non-steroidal anti-inflammatory injection, and medications including topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On May 11, 2015, the injured worker complains of pain of the cervical spine, thoracic spine, bilateral shoulders, bilateral elbows, bilateral wrists, headaches, stress/anxiety, depression, and insomnia. Her pain was rated: cervical spine = 6/10, thoracic spine = 4/10, bilateral shoulder = 5/10, bilateral elbow = 4/10, and bilateral wrist = 3/10. The physical exam revealed moderate discomfort, anxiety, tenderness of the suboccipital muscles, tenderness and spasm of the bilateral upper trapezius and bilateral sternocleidomastoid muscles, increased MLT of cervical 5-6 and cervical 6-7, and tenderness of the thoracic 2-thoracic 5 paraspinal muscles. The requested treatment is a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 76-80, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-778. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the medical record does not describe use of opioid pain medication or plan to initiate such therapy. There is no medical indication for urine drug screen and the original UR denial is upheld. The request is not medically necessary.