

Case Number:	CM14-0173287		
Date Assigned:	10/24/2014	Date of Injury:	07/30/1998
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 64 year old female who was injured on 7/30/1998. She was diagnosed with pain in joint involving shoulder region/upper arm, pain in joint involving hand, cervicobrachial syndrome, lumbago, lumbar disc degeneration, and chronic pain syndrome. She was treated with various medications including opioids, NSAIDs, and topical analgesics. She was also treated with physical therapy, acupuncture, and surgery (shoulder). On 7/22/2014, the worker was seen by her treating physician complaining of her chronic pain in her right elbow and arm, mid-back, right side of neck, right upper back, and right hand. She also reported numbness and weakness in her right shoulder, right arm, and right hand and fingers. She reported not working at the time. She reported taking Ibuprofen for her pain at the time, and reported previous medications including Voltaren gel and Vicodin helped her pain in the past. She was then recommended Norco, Lidoderm patches, pharmacogenetic testing, and a toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, this is not the first time the worker has used opioids, reportedly, and there was no documented evidence suggesting she needed a drug screen based on her history or behaviors. If an initial drug screening was the intention as she was restarting an opioid medication (Norco), then looking back at any previous drug screenings should be done before considering repeat testing. Therefore, the urine drug screen is not medically necessary.