

Case Number:	CM13-0020850		
Date Assigned:	10/11/2013	Date of Injury:	09/18/2012
Decision Date:	02/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 patient is a 49-year-old male who reported an injury on 09/18/2012. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, medications, activity modifications, and surgical intervention in 02/2013. The patient's chronic pain was managed with medications to include Vicodin and Neurontin. The patient's most recent clinical examination findings revealed tenderness to palpation over the superior aspect of the right acromioclavicular joint and anterior capsule, with a positive impingement sign and restricted range of motion described as 160 degrees in flexion, 50 degrees in extension, 160 degrees in abduction, 80 degrees in external rotation and 70 degrees in internal rotation. The patient is regularly monitored with urine drug screens with the last 2 being in 05/2013 and 07/2013. The patient's diagnoses included a right shoulder partial thickness tear, right shoulder impingement syndrome, and long term use of prescribed medications. The patient's treatment plan included limiting Vicodin use and following a weaning schedule, participation in acupuncture therapy, and discontinuation of Neurontin with the addition of tramadol 50 mg in addition to the patient's current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine medication test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screens.

Decision rationale: The requested urine medication test is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior with urine drug screens. California Medical Treatment Utilization Schedule does support the use of urine drug screens to monitor for aberrant behavior. Official Disability Guidelines recommend patients at low risk for drug seeking or aberrant behavior be monitored on a yearly basis. The clinical documentation submitted for review does not provide any evidence that the patient is at high risk for aberrant behavior or displays symptoms that would provide suspicion or illicit drug use. As the patient has already undergone 2 urine drug screens within the year, an additional urine drug screen would not be indicated. As such, the requested urine medication test is not medically necessary or appropriate.