

Case Number:	CM13-0024616		
Date Assigned:	12/11/2013	Date of Injury:	11/09/2009
Decision Date:	01/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is 56 year old male with date of injury 11/09/2009. Diagnoses include 1) right knee posterior cruciate ligament tear 2) lumbar spine sprain/strain 3) hypertension 4) injury to the heart 5) GERD 6) status post right shoulder arthroscopy, subacromial decompression and biceps tendon surgery. Clinical note dated 08/12/13 indicates the claimant complains of constant, aching pain in the right shoulder with soreness. The pain increases with any above the shoulder movement, and is rated 3-4/10. Current medications include extra strength Tylenol, lovastatin, metoprolol and Lisinopril. On exam there is tenderness at the right anterior acromial. There is limited range of motion at the right shoulder with 50 percent muscle weakness. The provider recommends physical therapy for the right shoulder two times per week for three weeks. The claimant is permanent and stationary. Clinical note dated 08/21/13 indicates that the claimant presents for low back pain and hypertension. He had an injury to the right knee and is status post right shoulder arthroscopy. The claimant continues to have back pain rated at 5/10, right knee pain remains at 3/10 with no improvement and the right shoulder continues to ache. Medications include lovastatin, Lisinopril and metoprolol. Examination of the right shoulder reveals arthroscopic portals, anterior tenderness, and limited range of motion. There is 1+ tenderness over the lumbar spine. There is decreased range of motion at lumbar spine flexion, extension and lateral bending. The provider recommends physical therapy two times per week for three weeks for the low back. Clinical notes dated 9/16/2013 and 10/22/2013 also note the plan of care is physical therapy without mention of additional medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." There is no indication that the claimant has any risks of illegal drug use, and is not currently prescribed opioids to support the use of urine drug testing. The request for urine drug testing is therefore considered not medically necessary