MAXIMUS Federal Services

Case Number:	CM13-0028980		
Date Assigned:	11/27/2013	Date of Injury:	11/16/2005
Decision Date:	03/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old female with a date of injury of 11/16/2005. The listed diagnoses per [redacted] are: 1) Left shoulder impingement, 2) cervical spine strain/sprain, 3) cervical discopathy, 4) bilateral epicondylitis, and 5) wrist pain. According to report dated 07/11/2013, by [redacted], the patient presents with ongoing pain to her shoulders and upper extremities. An examination revealed tenderness to the right upper extremity, with overhead reach weakness and decreased grip strength. There is some tenderness to the right palmar aspect of the wrist with decreased sensation. It was noted that a urine specimen was obtained to monitor medication use. The patient's current medication regimen includes naproxen 550 mg and a transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urinalysis drug screening provided on 7/22/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: According to a report dated 07/11/2013, the patient presents with ongoing pain to the shoulder and upper extremity. The treater is requesting a urinalysis/drug screening,

with a retrospective date of 07/11/2013. The Official Disability Guidelines indicate that for low-risk opiate users, a urine screen is recommended once a year, following an initial screening within the first six (6) months. In this case, the patient was administered a drug screen on 02/08/2013, which was consistent with the medication prescribed. On 07/11/2013, the patient was administered another urine drug screen (UDS). The notes do not indicate prescription medications changes or any assessment of the patient's risk for opiate use. No aberrant medication use behavior was documented warranting another UDS. The requested retrospective UDS dated 07/11/2013 is not medically necessary, and recommendation is for denial.