

Case Number:	CM13-0031341		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2011
Decision Date:	03/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 62-year old female who was injured on 10/31/2011. Prior treatment history has included diagnostic and operative arthroscopy of the right shoulder with a rotator cuff repair utilizing Arthrex anchors, Mumford procedure, an acromioplasty, lysis of adhesions with subacromial bursectomy, partial synovectomy, removal of loose bodies, and insertion of a pain pump in the subacromial space on 04/22/2013. Medication treatment includes Cymbalta, Prozac, Tramadol, Carisoprodol, Hydrocodone/APAP, Cyclobenzaprine, Pantoprazole Sodium ER, and Diclofenac Sodium. Diagnostic studies reviewed include a negative urinalysis tests performed 03/2013, 07/24/2013, 09/04/2013, and 10/16/2013. Ultrasound evaluation of the bilateral shoulder on 10/17/2013 which revealed: 1. Status post right scope 04/2013 (re-tear supraspinatus and infraspinatus. 2. Left shoulder comparison (large partial-thickness tear supraspinatus tendon/nearly through and through/75%). MPI SPECT Rest & Stress, Sestamibi, Regadenoson Inj. CardioVascular Stress Test was performed on 03/05/2013 which revealed: 1. No fixed or focal reversible abnormalities seen. 2. Normal left ventricular size. 3. Normal left ventricular global ejection fraction. 4. Normal left ventricular wall motion. No segmental wall motion abnormalities. 5. Normal rest and stress gated sestamibi myocardial perfusion scan.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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), Chapter - Pain (Chronic), Urine Drug Testing (UDT).

Decision rationale: As per CA MTUS and ODG, urine drug testing is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per the ODG, the patient at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This patient is having chronic pain and is on several medications; however, there is no documentation by the provider that patient is at moderate risk or high risk of addiction or aberrant behavior. There is documentation that this patient had urine drug testing at least 4 times in March 2013, 07/24/2013, 09/04/2013, and 10/16/2013. Since this patient is at low risk, the guidelines do not support urine drug screen more than once a year. Thus, the request is non-certified.