

Case Number:	CM13-0032477		
Date Assigned:	12/11/2013	Date of Injury:	11/09/2011
Decision Date:	01/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/08/2013

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:

██████████ is a 52 year old female who is being followed up for right shoulder pain. She has no significant past medical history. Her date of injury was 11/01/2011 and mechanism of injury is not listed. She had upper back, neck, and torso as well as shoulder pain which were initially treated with conservative measures. She had MRI of shoulder that showed inflammation of the rotator cuff with acromioclavicular joint disease. There is also mention by the Orthopedic surgeon of long head biceps tendon tear. Her treatment initially was conservative and later she had an arthroscopic surgery on May 30, 2013. She had debridement of the glenohumeral socket, decompression and acromioclavicular joint resection. Following this she had Physical therapy and was continued on Norco, Valium, Flexeril, Docusate and Voltaren gel. She was seen in the treating provider's office on 7/11/2013 and 08/22/13. On 08/22/13, she was seen for right shoulder pain. Her pain was a little better. She was doing her range of motion exercises. She reported no side effects from her medications. Her pain was achy in character, 7/10 in intensity without medications and 1/10 in intensity with medications. On examination, she had tenderness over anterior shoulder, supraspinatus and infraspinatus with decreased range of motion. Her diagnoses included right shoulder rotator cuff syndrome, right shoulder proximal biceps rupture, right shoulder AC joint arthritis and chronic pain syndrome. Her treatment included home exercises, continuation of Norco 10mg/325mg (up to 8 tabs per day) and Valium. She was noted to have no aberrant behavior. She was also seen on 07/11/2013 when she had right shoulder pain. She was having lot of pain. She preferred to take Norco than take Percocet. Her pain referred to upper arm. She also reported insomnia. Pain was achy, 9/10 in intensity without pain medications and 1/10 with pain medications. She was better with medications. She was noted to have anterior shoulder, supraspinatus

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screening done at primary treating provider's office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

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

Decision rationale: In this particular scenario, she was seen in the office on 07/11/13 and had a urine drug screen that was certified medically necessary due to the increasing dose of Norco from 3 to 8 per day. But this review is for a UDS that was done on 07/28/13. There is no documentation for the need for a repeat testing within a month. Per evidence cited above, even in high risk patients the frequency recommended for UDS is once a month. She is not documented to be a high risk for substance abuse and in fact during her visit on 08/22/13 she was noted to have no aberrant behavior. Hence the request for a repeat UDS on 07/28/13 is not medically necessary.