

Case Number:	CM13-0044557		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2012
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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 expert 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 65-year-old female who sustained a slip and fall injury at work on 12/8/12. She sustained injuries to her neck, right shoulder, right elbow, thoracic spine, lumbar spine, and right leg. She had a fracture of her right greater tuberosity and humeral head. She has been treated with shoulder injections, non-steroidal anti-inflammatories (NSAIDs), and frozen shoulder manipulation. In the examination of November 21, 2013, the patient states her shoulder was feeling worse after physical therapy. The range of motion had decreased from the previous visit. Her pain level ranges between 4-6/10. Her current medications include metformin and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC DRUG SCREEN AND BASELINE LABS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70, 77.

Decision rationale: The clinical notes dated 3/19/13, 5/21/13, and 6/25/13 state that the patient is taking 150mg of Tramadol ER. The note on 7/30/13 states that the patient is taking Norco 10/325mg. As of 8/29/13, the patient was not taking opioids. Urine drug screens are used to

detect the presence of illegal drugs. There is no history in the patient's record of requesting or abusing opioids. According to the records, there is no mention of the patient being prescribed opioids after 7/30/13. The rationale for requesting this test is not documented. In addition, there is no documentation on what the baseline lab tests include. Package inserts for non-steroidal anti-inflammatory drug (NSAIDs) recommend periodic lab monitoring of the neurovascular complete blood count (CBC) and chemistry profile including liver and renal function tests. However, the provider does not document that this is why he wishes to have the patient's labs done. Therefore, without further clarification, the medical necessity of drug screen and baseline labs is not established.