

Case Number:	CM13-0054430		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2012
Decision Date:	08/15/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 49 year old female who was injured on 08/22/2012. The mechanism of injury is unknown. The patient underwent acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy, removal of loose bodies and insertion of a pain pump in the subacromial space on 04/30/2013. Toxicology report dated 07/03/2013 revealed positive results for opiates, hydrocodone, methadone, and cyclobenzaprine. Progress report dated 09/25/2013 states the patient presented for follow up of right shoulder pain. She has been participating in physical therapy and has increased range of motion and can elevated her right shoulder better. Objective findings on exam revealed tenderness of the right shoulder as well as decreased strength. She is diagnosed with a rotator cuff sprain and lumbar sprain. The patient was recommended to begin physical therapy 3 times a week for 4 weeks to regain strengthening and reconditioning of the lumbar spine. A urine drug panel is also being requested to check efficacy of medications. She was taking Dyotin SR 250 mg, Theraflex Cream 180 mg and Bio-Therm pain relieving lotion. Prior utilization review dated 10/09/2013 states the request for urine drug panel is denied as there was no documented concern for misuse or addiction or clinical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug screening).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain treatment guidelines regarding Urine Drug Screening recommends drug screen testing to assess for the presence of illicit substances, to monitor patient adherence to prescription medications, and in cases where concern exists for possible misuse or addiction. The Official Disability Guidelines recommend urine drug testing to monitor compliance with prescribed medications, and to identify use of undisclosed substances. In the progress note dated 9/25/2013, the physician states he is ordering the Urine Drug Screen to check efficacy of medication. Though records for Nurse Case Management dated 4/8/2013, as well as a medical examination by [REDACTED] dated 10/30/2013 and a progress report from [REDACTED] dated 11/6/2013 indicate the patient is taking Hydrocodone/APAP 10/325 mg, [REDACTED] note for the date of the requested urine drug screening neither notes that the patient is on the medication on the date of the exam and request, nor does it note monitoring of controlled substances as the reason for the requested test. Based on the MTUS and ODG guidelines cited above and criteria as well as the clinical documentation stated above, the request is not medically necessary.