MAXIMUS Federal Services

Case Number:	CM13-0056702		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2011
Decision Date:	03/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 New York. 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 claimant is a 55 year old injured worker who sustained a work related injury on 09/27/11. Injuries to the neck, left shoulder and low back were sustained by the patient lifting a 40 pound door. Diagnosis includes low back pain, left shoulder pain, and neck pain. The patient has undergone left shoulder surgery. The patient continues to complain of neck, low back and left shoulder pain. On exam left shoulder abduction is 120 degrees and forward flexion is 160 degrees; Neer and Hawkins tests were negative; and Impingement sign is positive. Examination of the lumbar spine reveals spasm and tenderness over the paralumbar musculature; sciatic stretch and straight leg raising maneuvers are positive; and there is mid reduced range of motion. The patient is treated with medical therapy including Diclofenac XR and a topical compounded medication. In addition, he has undergone left shoulder surgery, physical therapy, and acupuncture. The treating provider requested a urinalysis on 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a urinalysis, DOS 9/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. Based on the medical records provided for review the patient is maintained on a medical regimen which includes a nonsteroidal anti-inflammatory medication (Diclofenac XR) and a compounded topical medication which includes Tramadol. Additionally, there is no indication of specific opioid medications that the claimant is prescribed that would require monitoring. The medical documentation does not indicate the claimant is on systemic opioid therapy for pain control. The retrospective request for a urinalysis, DOS 9/30/13 is not medically necessary and appropriate.