

Case Number:	CM13-0058032		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2013
Decision Date:	03/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational 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 28-year-old who was injured on 08/21/2013 when he fell on his left arm and felt immediate pain and popping sound in the left shoulder. Prior treatment history has included Electrodiagnostic studies and a sling for simple support. The patient had physical therapy 2x a week for 4 weeks. The patient had diagnostic studies of the chest performed 10/16/2013 and MRI of left shoulder performed 08/22/2013. RAD shoulder/Complete left performed 10/10/2013 revealed a slight inferior subluxation of the glenohumeral joint which is likely prominent, but no obvious anterior dislocation. There was a possible loose body in the glenohumeral joint. MRI of the left shoulder performed 09/06/2013 revealed a 60% posterior subluxation of the humeral head relative to the glenoid with slight inferior subluxation; extensive labral tear extending posterosuperiorly and posteriorly. There was an anterior and anteroinferior labral tearing evident. The components of the rotator cuff were intact. There was a congenital OS acromiale. There were mild degenerative changes of the acromioclavicular joint without significant narrowing of the supraspinatus outlet. Clinic note dated 10/24/2013 documents the patient's medications as Ativan 0.5 mg qd prn, Oxycodone 5 mg two tablets four to five times daily, Vicodin 5/500 mg on occasion, and Neurontin 100 mg tid. The patient was diagnosed with left shoulder dislocation, left labral tear, brachioplexopathy, and neuritis left upper extremity. The treatment and plan for the patient was random urinary drug screening as recommended on new patients who were already taking controlled substances. An Emergency Department note dated 10/15/2013 documented the patient with complaints of increased pain, not relieved by oxycontin. The patient actually vomited due to pain. The patient also told that he had brachial plexus injury and he had burning pain to the arm. Orthopaedic specialty clinic note dated 10/15/2013 documented objective findings on exam included the patient at that time continued to have limiting pain, such that he was using not 1, but 2, oxycodone IR 5 mg tablets every 4 to 6 hours.

The patient continued to use his sling, and he had no improvement. The shoulder was not re-examined. Musculoskeletal exam revealed the left shoulder exhibited decreased range of motion, tenderness and pain. The patient exhibited no swelling, no effusion, no deformity, normal pulse and normal strength. The patient's neurological exam revealed he was alert and oriented to person, place, and time. The patient's skin was warm and dry. The patient was not feeling reduction in pain from the use of Neurontin medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-Going Management Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing Section.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option to take before a therapeutic trial of opioids, to assess for the use or the presence of illegal drugs or for on-going pain management for patients with issues of abuse, addiction or poor pain control. The request was made at the time of the initial consultation with the pain management physician. This would be an appropriate time to perform a drug screen test. Further, the ODG states "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment." The request for a random urine drug screen is medically necessary and appropriate.