

Case Number:	CM13-0060834		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2012
Decision Date:	05/08/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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 47-year-old male with a date of injury of July 24, 2012. The patient's diagnosis includes rule out cervical spondylosis with right-sided radiculopathy and right shoulder rotator cuff tear and impingement. According to report dated November 05, 2013 by [REDACTED], the patient presents with complaints of pain in his right shoulder and stiffness in his neck. He has numbness and tingling in the right upper extremity primarily in the third and fourth digit and the ulnar aspect of the right arm. The shoulder pain intensifies with movement, reaching forward and repetitive activity, making the pain worse. The patient's medications include ibuprofen, Flexeril, metformin, Glyburide, lisinopril, omeprazole, and simvastatin.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN ON 11/05/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter..

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

Decision rationale: This patient presents with complaints of pain in his right shoulder and stiffness in his neck. The treating physician is requesting a urine drug screen (UDS) for medication compliance. While the California MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG provides clearer recommendation. It recommends once a year following an initial screening within the first 6 months, for management of chronic opiate use in low risk patient. In this case, the treating physician is requesting a routine UDS for the patient as he is a new patient, but the patient is not on any opioids. There are no indications provided in the reports from January 17, 2013 to November 05, 2013 that show the patient is on any opioids. The requested for UDS is not medically necessary and recommendation is for non-certification.