

Case Number:	CM13-0061641		
Date Assigned:	02/20/2014	Date of Injury:	12/27/2012
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 patient is a 33 year old male with a date of injury on 12/27/2012. A pallet fell and struck him in the head and right shoulder. On 06/12/2013 he had bilateral NCS/EMG. The NCS were normal. The EMG suggested chronic right C6 and chronic left C6-C7 radiculopathy. Clinical correlation was recommended. On 06/18/2013 he had right shoulder pain radiating to his hands and fingers and occipital pain. On examination he had right shoulder impingement. He had a decreased right shoulder range of motion. Impingement signs of the right shoulder were positive. On 07/08/2013 he had a MRI of the right shoulder a partial tear of the supraspinatus tendon, infraspinatus tendon, labral tear and AC joint arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 32

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010;152:712-720

Decision rationale: There are no MTUS ACOEM guidelines for urine testing. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." MTUS Chronic pain opioids has a large section on opioids, ongoing management, weaning starting on page 75 and these guidelines do not mention urine drug testing. This is from the reference above. There is no documentation of or suspicion of drug abuse or misuse in this case. The patient has objective documentation of internal derangement - shoulder injury. Routine use of urine drug testing is not indicated. This is not the standard of care.