

Case Number:	CM13-0070476		
Date Assigned:	01/03/2014	Date of Injury:	09/17/2002
Decision Date:	05/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine Pulmonary Diseases 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 injured worker is a 55 year old male with a reported date of injury on 09/17/2013; the mechanism of injury was not provided within the medical records. According to the clinical comprehensive note dated 10/28/2013, the injured worker presented with left shoulder pain and stiffness. The injured worker has history of left shoulder arthroscopy dated 09/17/2002. In approximately May of 2013 the injured worker complained of increased left shoulder pain after riding a bicycle. The injured worker previously underwent physical therapy and other "conservative" care. Upon assessment of the injured workers active range of motion to the left shoulder the injured worker had flexion to 160 degrees and abduction to 120 degrees, along with positive impingement and positive crepitus. Fluroscan x-rays of left shoulder were positive for mild to moderate A.C. joint degeneration. The injured workers medical diagnoses included history of heart murmur, hypertension, stroke/TIA, Left shoulder arthroscopy and right knee arthroscopy. The injured workers medication regimen included aspirin and simvastatin. The request for authorization for 12 panel urine drug screen was submitted on 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PANEL URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

Decision rationale: According to the California MTUS guidelines drug testing is recommended as an option to assess use or presence of illegal drugs, as an ongoing management for dependence or addiction to opioids. Urine drug screening is also performed if there are suspected issues involved with abuse or addiction of opioids. Documentation of ongoing management of the positive effects, activities of daily living, adverse side effects and suspected drug abuse are required. The 12 panel urine drug screen dated 10/28/2013 was consistent with the medication regimen for the injured worker. It did not appear the frequency of the urine drug screen would be consistent with the guideline recommendations given the prior screening on 10/28/2013. There is a lack of documentation regarding ongoing management of medication or any suspected use or abuse of opioids. It was not indicated that the injured worker was at risk for medications misuse. The request for a 12 panel urine drug screen is not medically necessary and appropriate.