

Case Number:	CM14-0000704		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2012
Decision Date:	08/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency 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 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 has reported date of injury on 2/3/2012. The mechanism of injury is described as a trip and fall. The Patient has a diagnosis of chronic pain, anxiety, right shoulder sprain and pain, right shoulder tendinosis, rotator cuff injury s/p (status post) surgical repair, right cervicobrachial myofascial pain syndrome, right lumbosacroiliac sprain and deconditioning. The patient is post right shoulder arthroscopy with subacromial bursa excision, acromioplasty, Mumford and excision of distal clavicle, acromioplasty of medial acromion, acromion facet on 11/27/12. Medical records from primary treating physician and consultants were reviewed. Reports were provided on 5/14 but prospective dates are not related to the UDS that was done on 11/12/13. The last report available is dated 12/9/13. The main supplement report from 12/6/13 requests urine drug screening. It notes that the patient has a pain medication agreement and is to get urine drug screening for compliance. The patient has baseline complains of right wrist, right shoulder and neck and back pains. Pain is moderate with medications but no pain scale is noted in the records. The patient walks with a cane and has pain to right shoulder and low back. No complete medication list was provided. The patient is reportedly on Tylenol #3, neurontin and pamelor. Independent Medical Review is for retrospective urine drug screen (DOS 11/22/13, report 12/4/13). Prior UR on 12/23/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN (DOS 11/22/2013, REPORT 12/4/2013):

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As per MTUS Chronic Pain Management guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. The patient is chronically on opioids, specifically codeine. The patient is part of a multidisciplinary pain management program and the patient has signed a pain contract. A Urine Drug Screen is appropriate for monitoring as part of pain management. A Urine Drug Screen is medically appropriate.