

Case Number:	CM14-0002905		
Date Assigned:	01/29/2014	Date of Injury:	01/01/2011
Decision Date:	07/03/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 50-year-old male who has submitted a claim for lateral epicondylitis, and unspecified disorder of the joint, shoulder region; associated from an industrial injury date of 12/12/2013. Medical records from 10/12/2012 to 12/20/2013 were reviewed and showed that patient complained of neck, upper back, right shoulder, bilateral shoulder, and right hand pain, graded 2-6/10, radiating to both arms. The pain is aggravated by exercise and any activity at or above the shoulders, and relieved with medications and rest. The patient avoids doing activities of daily living because of pain. Physical examination showed tenderness over the anterior and posterior aspects of the shoulder, and over the lateral epicondyle. Hawk's and crossed arm adduction tests were both positive. Range of motion of the right shoulder is limited. Reflexes were symmetric at 1+/4 in the bilateral upper extremities. Motor testing was normal. Sensation is intact. MRI of the right shoulder, dated 01/28/2011, revealed moderately severe supraspinatus tendinosis without discrete tear, partial tearing of the deep surface of the subscapularis, partial tearing of the labrum at the insertion of the inferior glenohumeral ligament, capsular swelling, probable degenerative SLAP lesion, and acromioclavicular arthrosis. Official report of this study was not available. Treatment to date has included oral and topical analgesics, Prilosec, physical therapy, and right shoulder arthroscopy with shoulder decompression, extensive synovectomy, and complete bursectomy (05/18/2012). Utilization review, dated 12/12/2013, denied the request for urine drug screening (performed on 11/12/2013) because the patient was not prescribed higher doses of narcotic medication, and there was no evidence noted of aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (PERFORMED ON 11/12/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse / Addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity and aberrant drug behavior. Urine drug test was accomplished on 07/18/2013 showing consistent results with the prescribed medication. Additional testing will exceed the recommended amount of urine drug tests given that the patient is low risk for drug abuse. The medical necessity for a repeat urine drug screen last 11/12/13 was not established. Therefore, the request for urine drug screen (performed on 11/12/13) is not medically necessary.