

Case Number:	CM14-0003369		
Date Assigned:	04/04/2014	Date of Injury:	04/05/2010
Decision Date:	05/06/2014	UR Denial Date:	12/23/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 04/05/2010, when she was struck on the neck and right shoulder with a heavy box. The injured worker is currently diagnosed with cervicgia, cervical spine sprain/strain, cervical radiculopathy, cervical disc displacement with radiculopathy, right shoulder rotator cuff syndrome, right shoulder sprain/strain, right shoulder internal derangement, and right elbow lateral epicondylitis. The injured worker was evaluated on 08/12/2013. The injured worker reported persistent pain in the neck and bilateral shoulders as well as the right elbow. The injured worker also reported insomnia, anxiety and depression. Physical examination revealed tenderness to palpation, positive Spurling's maneuver, decreased cervical range of motion, tenderness over bilateral shoulders, myospasm over the rotator cuff muscles bilaterally, decreased shoulder range of motion, tenderness over the right lateral epicondyle area, limited right elbow range of motion, 5/5 motor strength, and intact sensation. Treatment recommendations at that time included continuation of current medication and a urine drug test. It is noted that the injured worker completed a urine drug screening on 08/12/2013, which indicated consistent findings

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: 10/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 43,77 AND 89

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 43,77 AND 89

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the injured worker completed a urine drug screen on 08/12/2013. There is no indication of non-compliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for the follow-up urine drug screen on 10/04/2013 has not been established. As such, the request is non-certified