

Case Number:	CM14-0007964		
Date Assigned:	02/12/2014	Date of Injury:	10/18/2012
Decision Date:	07/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 43-year-old who has submitted a claim for left shoulder bursitis status post subacromial decompression, compensatory right shoulder pain with evidence of partial thickness tear of the infraspinatus and SLAP tear based on MRI associated with an industrial injury date of October 18, 2012. Medical records from 2013 were reviewed showing the patient having persistent shoulder pain. There is tightness and soreness on the left shoulder with tenderness over the proximal biceps tendon. He also claims to have pain on the right shoulder because of relying heavily to it. He continues to have pain any time he does work at or above shoulder level. He has pain even on lifting things out of the cupboards. Physical examination of the left shoulder revealed tenderness over the anterolateral aspect of the shoulder and over the biceps tendon. He has posterior capsular tightness and positive impingement on one and two testings. There is limited range of motion of the left shoulder. Motor strength is 4/5 in rotator cuff muscles. Sensation is intact. MRI of the left shoulder showed evidence of tearing of the long head of the biceps tendon with some rotator cuff tendinosis and small subacromial bone spur. Official report of the imaging study was not made available. Treatment to date has included medications, physical therapy, home exercise program and left shoulder surgery. Utilization review, dated December 23, 2013, denied the request for one urine drug screen between November 21, 201 and March 20, 2014 because the patient had a urine toxicology screen negative for barbiturates, benzodiazepines, methadone, opiates, oxycodone, and tricyclic antidepressants on the November 21, 2013 evaluation. In addition, there is no documentation of any behavior that would place the patient at a moderate or high risk for substance addiction/abuse.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine drug testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. Official Disability Guidelines state that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, the patient used to take Vicodin as needed. A progress report dated June 7, 2013 showed that urine drug screen results were negative for barbiturates, benzodiazepines, methadone, opiates, oxycodone and tricyclic antidepressants. The recent progress report, dated November 21, 2013, states that the patient is not on Vicodin. Another drug screen was done that day with the same negative results. The official laboratory results were not made available for review. There is no indication to suspect medication non-compliance or aberrant drug behaviors in this patient. There is also no clear indication for a repeat urine drug testing at this time. The request for a urine drug screen is not medically necessary or appropriate.