

Case Number:	CM14-0009922		
Date Assigned:	02/21/2014	Date of Injury:	08/04/2011
Decision Date:	07/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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:

This is a 45-year-old male with an 8/14/11 date of injury to his right shoulder. The patient was seen on 12/30/13 with ongoing right shoulder pain. Exam findings revealed tenderness, spasm, and limited range of motion, the diagnosis was right shoulder and right wrist sprain. The patient was noted to have a urine drug screen on 11/25/13, and was noted to be on Proteolin and Toprophan for sleep, Cetrizine for allergies, and Venlafaxine for depression. His urine drug screen was compliant with the patient's medications. The patient was not known to be on any narcotics at the time of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 2009 (Drug Testing , Urine testing in in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to

assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. There is no documentation that the patient was on narcotics or other medications of abuse when the request was made. Therefore, the request for a urine drug screen was not medically necessary.