

Case Number:	CM14-0105941		
Date Assigned:	07/30/2014	Date of Injury:	03/09/2009
Decision Date:	09/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 injured worker is male with a date of injury of 3/9/2009. The primary treating physician's comprehensive orthopedic evaluation and the request for authorization was dated 5/22/2014. The injured worker complains of pain in the left shoulder and the left arm. He states that with lifting and other activities he has some pain and discomfort in the right upper extremity. He is right hand dominant and states that he has been using the left upper extremity more frequently due to the occasional discomfort in the right forearm. He complains of increased pain in the left shoulder, radiating down the left upper extremity into the hand with increased swelling in the left forearm and shoulder. The left shoulder and arm pain began nearly one year ago and were just recently approved for evaluation. An examination of the left shoulder reveals tenderness over the left rhomboid musculature. No marked spasm is noted. There is also some tenderness over the left rotator cuff, posteriorly on the left shoulder. Internal and external rotation cause some accentuated pain. Impingement signs are negative. There is some tenderness over the long head of the biceps. There is good supination against resistance. There is no evidence of any Popeye Sign. There is no evidence of any rupture of the biceps. He has good strength of the abductors and external rotators of the left shoulder. There is no sensory loss when testing the C4 to T1 dermatomes, comparing left and right sides. The reflexes are equal at the biceps, triceps and brachial radialis, bilaterally. He has full range of motion of the left shoulder. The diagnoses include 1) mild strain, rotator cuff, left shoulder, clinically 2) bicipital tendonitis, left shoulder, clinically 3) rhomboid strain, mild, left shoulder, clinically 4) medial epicondylitis, right elbow 5) lateral epicondylitis, right elbow 6) loose body in forearm joint, right 7) pain in joint, right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quarterly labs (non-specific): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): page(s) 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The application for independent medical review reports that the request is for quarterly labs. The request for authorization dated 5/22/2014 lists the request for quarterly lab/POC urine drug screen. The nature of the labs remains unclear as the only discussion of labs in the clinical report is baseline blood work prior to being prescribed anti-inflammatory medications. The injured worker is also not being prescribed any opioid medications that may warrant the use of quarterly urine drug screen. The lack of opioid medication treatment without discussion of exactly what labs are desired quarterly and for what reason, medical necessity of this request has not been established. The request for Quarterly labs (non-specific) is determined to not be medically necessary.