

Case Number:	CM14-0107782		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2012
Decision Date:	09/25/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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:

According to the records made available for review, this is a 65-year-old male with a 4/30/12 date of injury, and status post right shoulder surgery. At the time (7/2/14) of request for authorization for urine drug screen and DNA testing for pain, there is documentation of subjective (pain in the right shoulder) and objective (right shoulder painful range of motion, motor weakness at 4/5 on the right, tenderness to palpation over the acromioclavicular joint) findings, current diagnoses (history of rotator cuff tear on the right, right shoulder impingement syndrome, history of partial biceps tear on the right, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery), and treatment to date (home exercise program, activity modification, and medications (Including Celebrex and Terocin patches)). Regarding the requested urine drug screen, there is no documentation of abuse, addiction, or poor pain control and that patient is under on-going opioid treatment.

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 Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of history of rotator cuff tear on the right, right shoulder impingement syndrome, history of partial biceps tear on the right, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery. However, there is no documentation of abuse, addiction, or poor pain control and that patient is under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.

DNA testing for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DNA testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Therefore, based on guidelines and a review of the evidence, the request for DNA testing for pain is not medically necessary.