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| Case Number: | CM14-0109264 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/21/2013 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Internal 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 an injured worker with the diagnoses of status post left shoulder brachial plexus, status post left labral tear, neuritis of upper extremity, anxiety, and episodic depression. Date of injury was 08-21-2013. Urine drug screen dated 2/4/14 detected Oxycodone. Progress report dated April 18, 2014 documented a history of left brachial palsy. He had a complete palsy of the suprascapular nerve, musculocutaneous nerve and axillary nerve. Lipoma was excised. Pathology was consistent with compression type brachial plexus palsy. Physical examination was documented. He had atrophy of the deltoid muscle. He has return of the sensation for the distribution of the axillary nerve. He has better flexion and extension. Secondary treating physician's progress evaluation dated 05/27/14 documented multiple injured body parts, hypertension, cardiac disease, gastrointestinal issues, pulmonary disease, diabetes, thyroid disease, psychiatric problems, and chronic pain. Medications prescribed included Oxycodone and Xanax. Interim history and subjective complaints were documented. The patient was recovering from recent surgery. The patient has a history of right shoulder labrum repair surgery. The space-occupying lesion removed may allow ligaments and muscles to tighten up preventing the subluxating humeral head. Treatment plan included aquatherapy, bracing, taping, cognitive behavioral therapy, psychiatric consultation, and physical therapy. The patient has improved his ability to function regarding the left shoulder and medication has been stable. He states the especially the Ativan has significantly improved his overall level of function. Physical examination was documented. The patient was awake, alert, and sitting appropriately. Diagnoses were status post left shoulder brachial plexus, status post left labral tear, neuritis of upper extremity, anxiety, and episodic depression. Treatment plan included Oxycodone, Ativan, and urinary drug screening. Utilization review determination date was 6/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, Opioids, pain treatment agreement, Opioids, steps to av.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Oxycodone. Oxycodone is a Schedule II controlled substance and is a potentially addictive opioid analgesic medication. The patient was prescribed Ativan which is a controlled substance. Urine drug screen was requested. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for Retro urine drug screen is medically necessary.