

Case Number:	CM14-0010780		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
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 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 a 56 year old male who was injured on 06/19/2013. The mechanism of injury is unknown. Prior treatment history has included pantoprazole 20 mg #60. Drug analysis report dated 12/09/2013 did not detect the prescribed medication, cyclobenzaprine, which is inconsistent with prescription therapy. The physician medical re-evaluation dated 11/27/2013 states the patient complains of right-sided lower back pain, which he rates as moderate to occasionally severe. He reports the he has worsenign radiation of pain down to the right side of his back to the right leg with associated numbness and tingling sensation to the foot. The patient also complains of intermittent right shoulder/upper back pain and tension that radiates to the upper arm. He has had therapy sessions and acupuncture which has helped but offered a temporary benefit of relief. Physical examination of the thoracolumbar spine reveals normal kyphosis and normal lordosis. There is tenderness to palpation with spasms of the lumbar paraspinals and tenderness to palpation of the bilateral sacriiliacs. He has limited range of motion of the thoracolumbar spine secondary to pain. He has negative sitting root. Pinwheel sensory dermatomes L1-S1 are intact. Deep tendon reflexes exhibits patellar L4 is +1 bilaterally and Achilles S1 are 2+ bilaterally. He has decreased grip strength on the right. The right shoulder has mild to moderate inflammation and tenderness to palpation with spasm of the right upper trapezius muscle and right rhomboid. He has limited range of motion of the shoulder secondary to pain. He has positive impingement and crepitus The patient is diagnosed with 1) Partial tear of the supraspinatus and subscapularis of the right shoulder 2) Partial tear or tendinosis of infraspinatus of the right shoulder 3) SLAP type II tear of the right shoulder 4) Type 2 acromion of the right shoulder 5) Joint effusion of the right shoulder 6) Right shoulder sprain/strain and 7) Lumbar spine sprain/strain with radiculopathy. Prior UR dated 12/27/2013 states the request for a urine toxicology drug screen is not certified as there is no evidence of

opioid medication management and there are no other listed medications in the documentation, other than Pantoprazole, to justify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY URINE DRUG TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 78

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends urine toxicology to evaluate for illegal substance use or for management and compliance monitoring of patients on opioid therapy. The medical records do not document the patient has been undergoing opioid therapy or document a history with concern for illegal substances abuse. There was no clear documentation of initiating an opioid or what the indication for urine drug screening is. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.