

Case Number:	CM14-0126594		
Date Assigned:	08/13/2014	Date of Injury:	01/16/2009
Decision Date:	12/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 had an original date of injury of January 16, 2009. The industrial diagnoses include chronic left shoulder pain, a history of left subacromial decompression in November 2013, right compensatory shoulder pain, and depression. The disputed issue is here request form urine drug screen that was performed on June 12, 2014. A utilization review determination had retrospectively denied this request, citing that there was no evidence of any opiates being prescribed and the urine drug testing did not screen for the medications that the patient was known to be taking at that time. Progress notes around the time of the urine drug screen noted that the patient was taking Ambien, gabapentin, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen DOS 6/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the

occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the patient was on Ambien, gabapentin, and naproxen at the time of the urine toxicology test in question on 6/12/2014. Of these substances, Ambien is a controlled substance that is scheduled IV. It is reasonable to screen for misuse. However, the assays utilized did not screen for Ambien. There were multiple other assays that were tested including cotinine, tricyclics, acetaminophen, etc. It is unclear why all these other assays were run while testing for Ambien and gabapentin was not performed. This is not an appropriate drug screen. While it is reasonable to screen for illicit substances, the important assays were missed while other assays unrelated to this case were included. The notes did not include rationale for this nor did they contain commentary on the drug test result. As such, the currently requested urine toxicology test is not medically necessary.