

Case Number:	CM14-0138351		
Date Assigned:	09/05/2014	Date of Injury:	04/11/2003
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 enrollee is a 52 year old male presenting with chronic pain following a work related injury on 04/11/2003. The claimant complained of bilateral shoulder pain and bilateral feet numbness. The claimant is status post arthroscopic right shoulder surgery on 12/22/2003, right shoulder arthrogram on 03/20/2006 and rotator cuff repair of the left shoulder on 11/01/2004. The right arthrogram demonstrated moderately severe osteoarthritis involving the glenohumeral joint with fairly extensive subcortical degenerative cystic changes in the glenoid. There was a small partial thickness articular surface tear of the supraspinatus tendon, interval development of the longhead of the biceps tendon rupture and persistent evidence of labral tear extending more inferiorly, posteriorly than anteriorly. The claimant was taking Norco QID. The claimant rates his pain a 2-3/10 with medication and a 7-8/10 without medication. According to the medical records the claimant scored a 0 indicating a low risk. The physical exam showed tenderness at the acromioclavicular joint bilaterally, some paresthesias of the bilateral lower extremities. The claimant was diagnosed with chronic bilateral shoulder pain - status post right shoulder replacement and left arthroscopic surgical repair for rotator cuff, and bilateral lower extremity paresthesias. A claim was made for a Urine Drug Screen on dos 7/18/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen for date of service 7/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse.

Decision rationale: Urine Toxicology Screen for date of service 7/18/14 is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of his urine drug testing limited to point of care immunoassay testing. Additionally claimant scored a 0 on the opioid risk assessment test, indicating low risk; therefore the requested service is not medically necessary.