

Case Number:	CM14-0153625		
Date Assigned:	09/23/2014	Date of Injury:	10/12/2012
Decision Date:	10/28/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 60-year-old male with a 10/12/12 date of injury. At the time (8/8/14) of the request for authorization for quantitative chromatography (42 units), there is documentation of subjective (pain in the right shoulder aggravated with overhead reaching and overhead work) and objective (flexion 160, extension 35, abduction 150, adduction 35, internal rotation 65, external rotation 70, impingement test is positive on the right, tenderness over the greater tuberosity of the right humerus, subacromial grinding and clicking of the right humerus, and tenderness over the rotator cuff muscles on the right) findings, current diagnoses (right shoulder sprain and strain, positive MRI tendinitis impingement, labral tear, and diabetes mellitus), and treatment to date (medication including ongoing opioid use and injection). Medical reports identify urine drug screen was performed on 2/28/14. There is no documentation of "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromatography (42 units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

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. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of right shoulder sprain and strain, positive MRI tendinitis impingement, labral tear, and diabetes mellitus. In addition, there is documentation that urine drug screen was performed on 2/28/14. However, there is no documentation of "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for quantitative chromatography (42 units) is not medically necessary.