

Case Number:	CM14-0169167		
Date Assigned:	10/17/2014	Date of Injury:	05/26/2010
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 72-year-old male with a date of injury of 05/26/2010. The listed diagnosis per [REDACTED] is status post right shoulder rotator cuff repair. Medical records indicate this injured worker underwent right rotator cuff repair on 02/21/2014. According to progress report 10/01/2014, the injured worker presents with persistent neck, low back, right shoulder, left hand, and wrist pain. He rates his pain as 7/10 on a pain scale. The injured worker takes Norco which helps reduce his pain from 7/10 down to a 5/10. Examination of the cervical spine revealed tenderness to palpation with decreased strength and sensation at C5 through C8 on the right. Examination of the right shoulder revealed decreased range of motion. Examination of the left wrist revealed slightly decreased range of motion. Grip strength was noted as 4/5. Examination of the left shoulder revealed tenderness to palpation with limited abduction noted. Strength was noted as 5/5. Examination of the lumbar spine revealed tenderness to palpation and decreased strength and sensation on the right L4 to S1. The treating physician is requesting a urine drug screen. Utilization review denied the request on 10/09/2014. Treatment reports from 01/09/2014 through 10/01/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screening

Decision rationale: This injured worker presents with neck, low back, right shoulder, left hand, and wrist pain. The treating physician is requesting a urine drug screening "as part of a pain treatment agreement during opiate therapy." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. This injured worker's medication regimen includes tramadol, Elavil, and a compound topical cream. According to the medical file, the injured worker was administered a urine drug screen on 09/05/2013 and 01/09/2014. ODG states once a year screening should be "sufficient in low-risk patients but it should be done on a random basis." The requested UDS appears medically necessary for proper management of the injured worker's opiate use. The request for Urine Drug Screening is medically necessary.