

Case Number:	CM14-0169520		
Date Assigned:	10/17/2014	Date of Injury:	05/10/2011
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
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 Internal Medicine and is licensed to practice in Arizona. 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 60year old man with a work-related injury dated 5/10/11 resulting in chronic pain in the shoulder. He is status post hemiarthroplasty of the right shoulder. The diagnosis includes right shoulder degenerative joint disease. He has received treatment including oral analgesic medications, synvisc injections, physical therapy and surgery. The patient was evaluated by the orthopedic physician on 7/9/14. At that time he complained of intermittent pain in the right shoulder with stiffness and weakness. Physical exam shows decreased range of motion of the involved shoulder with negative orthopedic testing. The plan of care included twelve physical therapy visits, acupuncture. It is noted that he does not require additional narcotic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UA, drug confirmation and creatinine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. In this case the orthopedic provider noted that narcotic pain medication was no longer needed. There is no documentation that the patient is taking opioid analgesics therefore the UA with drug confirmation and cr was not medically necessary.