

Case Number:	CM14-0173939		
Date Assigned:	10/27/2014	Date of Injury:	08/10/2005
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation 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 65-year-old male with a reported injury on 08/10/2005. The mechanism of injury was repetitive lifting and throwing. His diagnoses were noted to include chronic bilateral shoulder pain; status post bilateral arthroscopic surgeries, 2 on the right and 1 on the left; bilateral shoulder rotator cuff impingement/AC joint arthrosis; diabetes mellitus type 2 with hypertension and fatty liver; and status post completion of pain management agreement. The injured worker's past treatments included medications, rest, physical therapy, a home exercise program, and subacromial injections. The injured worker's diagnostic testing included right shoulder MRIs on 04/24/2002 and in 2005. He also had an MRI of the left shoulder in 2005 and a postsurgical left shoulder MRI in 2006. On 12/01/2006, he had a left shoulder x-ray. The injured worker's surgical history included unspecified bilateral shoulder and knee surgeries in 1989, an arthroscopic rotator cuff repair with subacromial decompression and distal clavicle resection on 01/26/2006, and an unspecified right shoulder surgery on 06/13/2007. The injured worker was evaluated on 10/09/2014 for medication management. He indicated that his shoulder pain was about the same over both shoulders. He reported that his left shoulder felt better than before. He reported his severity of pain as an 8/10 with a decrease to 0/10 to 3/10 with medication. His pain was overall intermittent with a sharp quality. He had been using Norco 10/325 mg twice per day which lasted him about 5 to 6 hours. He reported the ability to perform yard work with medications. The clinician observed and reported no atrophy over the shoulders. There was no crepitus with range of motion testing. He was able to flex both shoulders approximately 110 degrees. Shoulder abduction strength was 5/5 bilaterally and sensation was intact to light touch over both shoulders. Hoffmann's reflexes were normal over both hands. The apprehension test was negative bilaterally. He was able to externally rotate his shoulder 60 degrees. The clinician reported that the injured worker was more comfortable and functional

with opioid medication management. The injured worker was asked to undergo a urine drug screen on the day of the appointment; however, the injured worker declined, stating that he had another appointment that he had to get to. The clinician informed him that in order to continue opioid medication management, the injured worker would need to complete urine drug screen testing which would be performed on a random basis. The clinician indicated that he may have to see the injured worker on a monthly basis for continued medication management. The Request for Authorization form was submitted on 10/22/2014. No rationale for the request is provided. A previous request for 4 urine drug screens in a year was modified and approved for 1 urine drug screen between 10/09/2014 and 12/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 random urine drug screens in a year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

Decision rationale: The injured worker takes Norco 10/325 mg for pain. The California MTUS Chronic Pain Guidelines recommend urine drug screens for chronic users of opioids. The frequency of urine drug screens is based on the injured workers clinical history. The provided documentation did not include any history of aberrant behavior. No prior urine drug screens were submitted for review. A prior utilization review submitted with the clinical documentation indicated a modification of the request to 1 urine drug screen between 10/09/2014 and 12/13/2014, which is appropriate. Further drug screens should be based on the injured worker's drug screen results, compliance with his pain contract, and the clinician's/family member's reports of aberrant behavior or lack thereof. Therefore, the request for 4 Random Urine Drug Screens in a year is not medically necessary.