

Case Number:	CM14-0175014		
Date Assigned:	10/28/2014	Date of Injury:	02/09/2013
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59 year old male who was injured at work on 02/09/2013. The injured worker is reported to be complaining of pain in his right hand, fingers and thumb. The pain is stabbing, sharp, and achy. Also, he is reported to be complaining of persistent left shoulder pain and stiffness. The physical examination revealed limited range of motion of the cervical spine, and the shoulders, pain and stiffness of the left shoulder. The worker has been diagnosed of stiff shoulder syndrome of the shoulders bilaterally, status post right shoulder arthroscopy for rotator cuff repair, lateral epicondylitis of the elbow, irritation at the ulnar groove on the right side at the elbow, bilateral carpal tunnel syndrome. Treatments have included right endoscopic carpal tunnel release in 05/28/2013, right shoulder arthroscopy, acromioplasty, biceps tendon tenodesis, Mumford procedure, lysis of adhesion with subacromial bursectomy, partial synovectomy, and arthrotomy right shoulder with rotator cuff repair and removal of loose body on 04/08/2014; physical therapy, and Norco. At dispute is the request for Urine Drug Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43, 78.

Decision rationale: The injured worker sustained a work related injury on 02/09/2013. The medical records provided indicate the diagnosis of stiff shoulder syndrome of the shoulders bilaterally, status post right shoulder arthroscopy for rotator cuff repair, lateral epicondylitis of the elbow, irritation at the ulnar groove on the right side at the elbow, bilateral carpal tunnel syndrome. Treatments have included right endoscopic carpal tunnel release in 05/28/2013, right shoulder arthroscopy, acromioplasty, biceps tendon tenodesis, Mumford procedure, lysis of adhesion with subacromial bursectomy, partial synovectomy, and arthrotomy right shoulder with rotator cuff repair and removal of loose body on 04/08/2014; physical therapy; Norco. The medical records provided for review do not indicate a medical necessity for Urine Drug Test. The MTUS recommends the use of drug screening on patients with issues of abuse, addiction, or poor pain control. Although the injured worker is reported to have been given a prescription for Norco during a doctor encounter on 06/2014, there is no indication the injured worker is still being treated with opioids, neither is there a documentation of the worker being at risk of opioids abuse. The requested treatment is not medically necessary.