

Case Number:	CM14-0036828		
Date Assigned:	06/25/2014	Date of Injury:	12/17/2013
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 46-year-old male who reported an injury after walking down a ramp and pushing a dolley, he felt something pop in his right shoulder on 12/17/2013. The clinical note dated 06/09/2014 indicated diagnoses of right shoulder pain, severe tendinitis of the right supraspinatus and infraspinatus tendons on MRI, with possible intrasubstance tears. The injured worker reported right shoulder pain that was deep and aching. The injured worker reported the pain was aggravated with above-shoulder activities and other motions of the right shoulder. The injured worker reported numbness in his right arm at all times. He rated his pain 7- 10/10 without pain medication and 4/10 with pain medication. The injured worker was given a prescription for Norco by his last physician. On physical examination, the injured worker reported trouble sleeping because of his right arm pain. The injured worker complained of weakness and intermittent numbness in the right arm. The injured worker's right shoulder range of motion was limited with flexion 0 to 120 degrees, abduction 0 to 90 degrees, extension 0 to 50 degrees, internal rotation to 0 to 90 degrees, external rotation limited and difficult to assess because of the pain. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication regimen. The injured worker's medication regimen included Norco. The injured worker had signed an opiate agreement. The provider submitted a request for a urine drug screen and a request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Urine drug screen is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.