

Case Number:	CM14-0040992		
Date Assigned:	06/30/2014	Date of Injury:	02/27/2013
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 patient is a 62-year-old female who has submitted a claim for cervical spine sprain/strain, bilateral shoulder impingement, and bilateral carpal tunnel syndrome; associated with an industrial injury date of 02/27/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain in the bilateral neck, shoulders, hands, and wrists. Physical examination showed stiffness and spasm of the cervical spine with radiation to the left upper extremity. Impingement test on 1 and 2 of the shoulder was positive. Phalen's and Tinel's tests were positive on the left. DTRs were normal. Motor testing showed weakness of the left deltoid. Sensation was intact. MRI of the left shoulder, dated 11/07/2013, showed supraspinatus tendinosis with some bursal sided fraying without evidence of tearing. EMG of the bilateral upper extremities, dated 11/22/2013, indicated left carpal tunnel syndrome. The official report of the MRI of the left shoulder was not provided for review. Treatment to date has included medications, and physical therapy. Utilization review, dated 04/02/2014, denied the request for urine toxicology screening because there was no documentation provided as to when the patient last had a urine drug screen, and what medications the patient is currently taking that would warrant monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

UTS screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug Testing, Opioids Page(s): 43, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of pain in the bilateral neck, shoulders, hands, and wrists despite ibuprofen and physical therapy. However, the medical records submitted for review showed no documentation of current treatment with opioids. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for UTS Screening is not medically necessary.