

Case Number:	CM14-0041139		
Date Assigned:	07/11/2014	Date of Injury:	05/01/2010
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
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 Family Medicine and is licensed to practice in Pennsylvania. 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:

This worker sustained injury of both of his shoulders on May 1, 2010. He also has a history of low back injury dating back to 2009. He had left shoulder arthroscopic subacromial decompression on September 9, 2011. He had left shoulder arthroscopic repair of an anterior superior labral tear and arthroscopic revision of the acromioplasty on June 14, 2013. He had right shoulder arthroscopic subacromial decompression with partial acromioplasty, bursectomy and release of coracoacromial ligament and debridement of the labrum and arthroscopic decompression of a labral cyst on July 30, 2012. An MRI of his lumbar spine showed a 2-3 millimeter disc bulge at L3-4. At a visit with pain management on March 11, 2014 he reported unrelenting low back pain radiating into his left lower extremity and increasing over the past several days. He also complained of bilateral shoulder pain rated as high as 10/10. His daily activities were limited. He was taking Percocet 10/325 one tablet daily. Diagnoses on 3/11/14 included lumbar disc syndrome, lumbar facet arthropathy, and lumbar radiculopathy. The plan was to continue Percocet 10/325 1 to 2 tablets daily as needed for pain. A random urine drug screen was performed for medication compliancy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro random urine drug screen (3/11/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

Decision rationale: Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case, the worker was established with treatment with opioids but his pain was poorly controlled and increasing. It was therefore medically necessary to obtain a urine drug screen to assess for compliance. Although routine random urine drug screening is not medically necessary as a matter of routine it is medically necessary in this case due to poor pain control.