

Case Number:	CM14-0044243		
Date Assigned:	07/09/2014	Date of Injury:	09/01/2012
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 Texas and Ohio. 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 female with a reported date of injury on 09/01/2012. The mechanism of injury was due to a slip and fall. Her diagnoses are noted to include cervical strain with degenerative disc disease to C5-6 and C6-7, left shoulder calcific tendinitis with adhesive capsulitis status post left shoulder arthroscopic subacromial decompression with distal clavicle excision, bilateral hand contusions, industrial aggravation of the left thumb interphalangeal joint degenerative changes and right knee patellofemoral contusion. Her previous treatments were noted to include medications, physical therapy and injections. The progress note dated 02/18/2014 revealed the injured worker complained of pain to her left shoulder and right knee and was having difficulty with walking, standing and prolonged weight bearing activity. The physical examination was noted to be unchanged from the previous examination. The progress note dated 06/01/2014 revealed the injured worker complained of intermittent pain to her left shoulder with some limited motion and some sensation of weakness. The injured worker indicated she had occasional pain to the left knee. Physical examination of the left shoulder noted positive subacromial, anterior and biceps tenderness. There was noted to be a limited range of motion and full motor strength to the left shoulder. Her medications were noted to include ibuprofen and hypertension medications. The Request for Authorization form was not submitted within the medical records. The request is for a urine drug screen to evaluate for medication management/pain medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (Retrospective 2/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guide On -Line (<http://www.odg-twc.com/odgtwc>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43, Opioids, initiating therapy, page 77 Page(s): 43, 77.

Decision rationale: The request for a urine drug screen is non-certified. The injured worker had a urine drug screen performed 02/18/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option to assess for the use or the presence of illegal drugs. The injured worker was shown to have been taking ibuprofen and hypertensive medications during her treatment. There is a lack of documentation regarding opioid medications to warrant a urine drug screen. Therefore, the request is non-certified.