

Case Number:	CM14-0045189		
Date Assigned:	07/02/2014	Date of Injury:	12/22/2012
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 28-year-old female who has submitted a claim for right elbow strain, right wrist, right hand, right shoulder, and cervical spine sprain/strain that is associated with an industrial injury with date of 12/22/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of right shoulder pain aggravated by overhead reaching and overhead lifting. Physical examination showed decreased range of motion of the right shoulder. Impingement test was positive. There was subacromial grinding and clicking in the right shoulder. Motor and sensory testing was normal. Treatment to date has included medications and occupational therapy. A utilization review, dated 03/11/2014, denied the request for urine drug screen chromatography. The reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Chromatography, Quantitative Urine Drug Screen collected 11/27/2013 and completed on 1/23/, 2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter: Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient complained of right shoulder pain despite medications. Urine drug testing, dated 10/17/2013, was inconsistent with prescribed medications. Guidelines support the use of confirmatory testing for contested results. Therefore, the request for toxicology - chromatography, quantitative urine drug screen collected 11/27/2013 and completed on 1/23/, 2014 was medically necessary.