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| Case Number: | CM14-0061599 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 12/11/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/21/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 25-year-old male who reported an injury on 12/11/2013 due to lifting a bed and felt sudden onset of a pull and pain in his right shoulder. The injured worker diagnoses were left shoulder labral tear and right shoulder rotator cuff syndrome/tendinitis. The injured worker's prior diagnostics were an MRI of the right shoulder. The injured worker's prior treatment included cortisone injection. There was no documented surgical history. The injured worker's chief complaint was right shoulder pain that was described as dull, throbbing pain and was rated at a 6/10. The injured worker was not taking any medication. On physical examination dated 04/01/2014, there was tenderness to palpation over the anterior, and over the glenohumeral joint. The provider's treatment recommendations were for conservative treatment of physical therapy twice a week for 3 weeks. The treatment plan request was for a urine drug screen. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with documentation submitted for review.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for urine drug screen is denied. According to California MTUS, drug testing is recommended as an option using a urine drug screen to assess for the use of or the presence of illegal drugs. The criteria for utilizing a urine drug screen is a step to take before starting a therapeutic trial of opioids and ongoing management of opioids for differentiation of dependence and addictions opioid screening for risk of addiction of opioids steps to avoid misuse/addiction. The injured worker complained of pain to his shoulder. The injured worker is currently not on any medications. There was no documentation indicating that the request for drug testing was for checking for the presence of illegal drugs or that the provider was indicating taking steps towards a therapeutic trial of opioids. In the absence of this documentation, the request for urine drug screen is not medically necessary.