

Case Number:	CM14-0066079		
Date Assigned:	07/11/2014	Date of Injury:	09/17/2008
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 17, 2008. A Utilization Review was performed on April 17, 2014 and recommended non-certification of retrospective urinalysis (date of service 3/31/14). A Progress Report dated March 31, 2014 identifies Subjective Complaints of persistent aching pain in her right shoulder. She takes Tramadol and diclofenac on an as-needed basis. Objective Findings/Physical Examination identifies tenderness is present in the sternoclavicular joint, anterior capsule, and anterior and posterior acromioclavicular joint. Decreased right shoulder range of motion. Apprehension, Neer's, Hawkins', impingement sign, and O'Brien's tests are positive. Diagnoses identify right shoulder impingement syndrome and status post right carpal tunnel release. Treatment Plan identifies urinalysis was performed to monitor medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urinalysis (date of service 03/31/14): 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99. Decision based on

Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for Retrospective urinalysis (date of service 03/31/14), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested Retrospective urinalysis (date of service 03/31/14) is not medically necessary.