

Case Number:	CM14-0066251		
Date Assigned:	07/11/2014	Date of Injury:	10/26/2012
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
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 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:

This is a 53-year-old man was injured on Oct 26, 2012 when pulling an iron scaffold. Urinalysis drug screen was performed on Nov 19, 2013. He had right shoulder and right elbow pain and lateral epicondyle tenderness. He was diagnosed with right shoulder impingement syndrome, labral tear, biceps tendonitis, medical epicondylitis and ulnar neuritis. Right arthroscopy was requested to be performed and physical therapy, abduction pillow, infusion pain pump, Sprix nasal spray and motorized hot/cold unit were expected to be used after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Substance Abuse(tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for use urinalysis drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: Per the Official Disability Guidelines, urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed

substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The treating physician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. According to the Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. This service was not necessary since the injured worker was not taking opioid medications, nor was the suspicion of use of illegal drugs raised. As such, the request is not medically necessary.