

Case Number:	CM14-0068173		
Date Assigned:	07/14/2014	Date of Injury:	12/23/2004
Decision Date:	09/18/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 injured worker is a 45-year-old male who reported an injury 12/23/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 07/01/2014 indicated diagnoses of shoulder impingement syndrome on the right, displacement of cervical disc without myelopathy, degenerative disc disease cervical, cervicgia, ulnar neuropathy bilateral, rule out unspecified reflex sympathetic dystrophy, and unspecified derangement of the upper arm joint. Injured worker reported chronic severe neck and bilateral elbow/wrist/shoulder pain. Injured worker reported increased pain in his right shoulder, elbow, and wrist due to the cold weather and lack of medications. The injured worker reported increased pain and swelling in the left hand and itching in his arm despite discontinuing Naproxen. Injured worker reported his pain score was 10/10 without medications and 6/10 with medications. The injured worker reported the pain was 8/10. The injured worker reported medications prescribed were keeping the injured worker functional allowing for increased mobility and tolerance of activities of daily living and home exercises and no side effects were associated with the medications. The injured worker's treatment plan included follow-up in 4 weeks, medications as outlined, ongoing care with psychologist, GI consultation, replacement TENS, conservative care management, urine toxicology screen, physical therapy, rehab of the cervical spine, and replacement of right elbow sleeve. The injured worker's prior treatments included diagnostic imaging, medication management. The injured worker's medication regimen included Percocet, Nizatidine, Nabumetone, and Omeprazole. Provider submitted a request for a urine drug screen. The injured worker's last urine drug screen was dated 03/11/2014 and the urine drug screen unofficial report was consistent with medications. A Request for Authorization dated 07/14/2014 was submitted for urine drug screen; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for 1 URINE DRUG SCREEN is not medically necessary. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or that the injured worker was suspected of illegal drug use. Therefore, the request for urine drug screen is not medically necessary.