

Case Number:	CM14-0070557		
Date Assigned:	07/14/2014	Date of Injury:	12/07/2011
Decision Date:	08/13/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 Orthopedic Surgery, 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 55-year-old female client services representative sustained an industrial injury on 12/7/11. Injury occurred when she slipped on a wet floor and fell, landing on her right shoulder, wrist, and hand. The patient underwent right shoulder arthroscopy with extensive synovectomy, chondroplasty, arthrotomy, subacromial decompression, and rotator cuff repair on 1/31/14. The comprehensive drug panel collected on 1/31/14 was negative for all substances tested. The 2/20/14 treating physician report indicated the patient was doing well post-operatively. Pain was diminishing, and range of motion and functional status were improving. Physical exam documented discomfort with right arm elevation above 95 degrees. Physical therapy was recommended. The treatment plan recommended a taper on opioids. Medications were dispensed including topical patches, Norco 5 mg #30, and Norflex. The patient was released to modified duty. The 4/9/14 utilization review did not grant the drug testing performed on 3/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative lab report. DOS 03/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of drug screening in patients using opioid medication with documented issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that drug screening was performed on 1/31/14 and was negative for all substances tested. There is no documentation relative to issues of abuse, addiction, or poor pain control. The patient is recovering from surgery with diminishing pain and tapering opioid use. There is no indication for additional testing within 2 months. Therefore, this request for chromatography quantitative lab report, date of service 03/18/14, is not medically necessary.

Comprehensive drug panel. DOS 03/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use Page(s): 43, 76-80.

Decision rationale: The California MTUS supports the use of drug screening in patients using opioid medication with documented issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that drug screening was performed on 1/31/14 and was negative for all substances tested. There is no documentation relative to issues of abuse, addiction, or poor pain control. The patient is recovering from surgery with diminishing pain and tapering opioid use. There is no indication for additional testing within two months. Therefore, this request for comprehensive drug panel, date of service 03/18/14, is not medically necessary,