MAXIMUS Federal Services

Case Number:	CM14-0079631		
Date Assigned:	07/18/2014	Date of Injury:	05/22/2005
Decision Date:	10/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of right rotator cuff tear and right shoulder sprain. Date of injury was 05-22-2005. Regarding the mechanism of injury, while carrying a bucket, the patient fell and injured his right shoulder. Primary treating physician's comprehensive report dated March 19, 2014 documented subjective complaints of right shoulder pain. MRI of the right shoulder demonstrated disruption of the supraspinatus tendon with proximal retraction of the tendon and having extreme atrophy of the supraspinatus muscle, which has essentially disappeared. There was complete tear of the infraspinatus tendon with retraction inside the acromion. There was loss of articular cartilage in the glenoid. There was thinning on the humeral cartilage and there are few chondral cyst on the lower glenoid. There was a tear of the anterior labrum. Physical examination demonstrated right shoulder tenderness and range of motion 80 degrees in abduction. Diagnoses were right rotator cuff tear and right shoulder sprain. The treatment plan included a prescription of Norco 10/325 mg daily as needed for severe pain quantity 30. Primary treating physician's comprehensive report dated April 2, 2014 documented that a narcotic contract was reviewed. Norco 10/325 mg daily as needed for severe pain quantity 30 was prescribed. Urine toxicology screen was requested. Utilization review determination date was 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxic Screen: Overturned

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, Opioids;Opioids, steps to avoid misuse/addiction Page(s): 43;76-77;89 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Medical records document that the patient was prescribed the opioid Norco 10/325 mg on March 19, 2014 and April 2, 2014. The patient has a narcotic contract. Urine toxicology screen was requested. MTUS guidelines support the use of urine toxicology screens in patients prescribed opioids. Therefore, the request for Urine toxic Screen is medically necessary.