

Case Number:	CM14-0087131		
Date Assigned:	08/01/2014	Date of Injury:	12/13/2009
Decision Date:	12/31/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 and 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 46-year-old female who sustained an injury on 12/13/09. As per the 4/24/14 report, she presented with constant pain and discomfort with stabbing and pins and needle sensation of C-spine (8/10), left shoulder (8/10), L-spine (6/10), bilateral elbows, bilateral knees, and right foot, and numbness in the left shoulder associated with neck pain and numbness in the right foot and leg associated with the lower back pain. Exam revealed TTP over the C-spine, ROM within normal limit with pain at end ranges, positive cervical compression test, TTP over the left shoulder with normal ROM with pain of the left shoulder and flexion restricted at 90 and abduction restricted at 90, muscle strength at 4/5 of the left shoulder, TTP over the L-spine and decreased ROM with pain, and positive SLR at 38 with pain radiating to the right ankle. Left shoulder MR arthrogram dated 1/8/14 revealed mild tendinopathy of the supraspinatus tendon, possibility of adhesive capsulitis, and post-surgical changes of the left shoulder. C-spine X-ray dated 12/31/09 revealed findings that suggest paraspinal muscle spasm. She is currently on Motrin. She is status post left shoulder surgery in 2010. She had a left shoulder cortisone injection on 2/18/14 with pain relief for about a week. She is currently receiving acupuncture treatment. She has GI upset secondary to Motrin use and Prilosec was prescribed to deal with it as she had previously used it successfully. Neck and back MRIs are pending authorization. She had negative UDS dated 11/5/13. There is no documentation of any pain contract or any other information about the medications being used and the need for urine drug screening. Diagnoses include musculoligamentous sprain and strain, cervical spine; internal derangement, left shoulder; and musculoligamentous sprain and strain, lumbar spine. The request for retroactive Urine Drug Screen for the date of service 04/15/2014 and retroactive Urine Drug Screen for the date of service 05/20/2014 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Urine Drug Screen for the date of service 04/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. According to the provider's note, she had urine drug screen in Nov. 2013. In this case, this IW has been taking Motrin and there is no mention of any opioid analgesics in the records. There is no evidence of non-compliance or addiction / aberrant behavior to necessitate frequent urine drug test. Therefore, Retroactive Urine Drug Screen is not medically necessary as per guidelines, yearly urine drug test is appropriate and recommended in low risk group. Thus, the request for Retroactive Urine Drug Screen is not medically necessary and is non-certified.

Retroactive Urine Drug Screen for the date of service 05/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. According to the provider's note, she had urine drug screen in Nov. 2013. In this case, this IW has been taking Motrin and there is no mention of any opioid analgesics. There is no evidence of non-compliance or addiction / aberrant behavior to necessitate frequent urine drug test. Therefore, Retroactive Urine Drug Screen is not medically necessary as per guidelines, yearly urine drug test is appropriate and recommended in low risk group. Thus, the request for Retroactive Urine Drug Screen period is not medically necessary and is non-certified.