

Case Number:	CM14-0098005		
Date Assigned:	07/30/2014	Date of Injury:	05/14/2013
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 65 year old female who was injured at work on 05/14/2014. She was pushing a cart with food down hill when she lost control, and in an effort to avoid crushing people with the cart, she pulled with extra effort and injured her shoulders and Lower back. She has been treated by several doctors but she has continued to experience pain. During her visit with her doctor on 03/07/2014, she complained of 8/20 pain in her right shoulder associated with weakness and numbness; 8/10 low back pain that is nonradiating. The physical examination was positive for limited range of motion of the right shoulder, positive drop arm test, decreased range of motion of the Lumbar spine, positive straight leg test, palpable tenderness in the lumbar region, positive McMurray test right knee. She has been diagnosed of right shoulder Rotator cuff tear, Lumbar disc herniation without myelopathy, lumbar spinal stenosis; Right knee medial meniscal tear. Treatment have included work restrictions, chiropractic care, Physical therapy, pantoprazole, Topical analgesics: Flurbiprofen, Gabapentin, cyclobenzapryne, Dexamethorphan, amitriptyline. At dispute is the request Urine Toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Urine Toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids Page(s): 111-113; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Urine Drug Test).

Decision rationale: The injured worker sustained a work related injury on 05/14/2014. The medical records provided indicate the diagnosis of right shoulder, Rotator cuff tear, Lumbar disc herniation without myelopathy, lumbar spinal stenosis and right knee medial meniscal tear. The medical records provided for review do not indicate a medical necessity for Urine Toxicology. The MTUS does not recommend Flurbiprofen, Gabapentin, cyclobenzaprine, Dexamethorphan, and amitriptyline as topical Analgesics. Since the medical records reviewed did not provide any information regarding any other medication the injured worker is taking, it is assumed the urine toxicology screen is intended to test for the above drugs. Additionally, the medical records reviewed did not provide evidence showing the injured worker is at high or moderate risk for opioid addiction or misuse as to warrant frequent urine drug testing. The Utilization report stated the injured worker had similar test during the previous visit. Furthermore, there was no evidence in the records showing the injured worker is being monitored for opioid misuse or addiction with other measures, as recommended by the Guidelines. This request is not medically necessary and appropriate. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. See Opioids, tools for risk stratification & monitoring. An explanation of "low risk," "moderate risk," and "high risk" of addiction/aberrant behavior is found under Opioids, tools for risk stratification & monitoring and Opioids, screening tests for risk of addiction & misuse. The patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only.