

Case Number:	CM14-0006921		
Date Assigned:	03/20/2015	Date of Injury:	06/03/2010
Decision Date:	04/14/2015	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old who sustained an industrial injury on 03/05/2009. The injured worker complained of neck, shoulder and back pain. Treatments to date include medications, home exercise program, right shoulder arthroscopic surgery (with insertion of pain pump), acupuncture and chiropractic manipulations. Diagnoses were sprain of neck, sprain of lumbar region and lumbosacral neuritis. He presented on 12/16/2013 for re-evaluation of right shoulder post-surgery. He continued to have right shoulder pain with pushing, pulling and lying on right side. Physical exam noted loss of active and passive motion and weakness throughout the right shoulder. Treatment plan was comprehensive qualitative urine drug screen to evaluate for medication management/pain medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Qualitative Urine Drug Screen, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 10/14/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than six years status post work-related injury continues to be treated for chronic neck, shoulder, and back pain. Medications included Norco. Prior urine drug testing has been consistent with the claimant's prescribed medications. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.