

Case Number:	CM14-0186324		
Date Assigned:	11/14/2014	Date of Injury:	11/07/2013
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/09/2014

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, has a subspecialty in Interventional Spine 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 a 48 year old female with an injury date of 11/07/13. Based on the progress report dated 06/18/14, the patient complains of pain in right elbow and right shoulder with intermittent pain in the left arm. The pain in the right elbow is constant and increases with certain movements. Physical examination reveals tenderness in the supraspinatus muscles, right greater than the left. The impingement test is positive, right greater than left. In progress report dated 05/21/14, the patient complained of bilateral elbow and shoulder pain, right greater than left. The shoulder pain radiated to the neck. The patient also suffered from bilateral hand and wrist pain, left greater than right. The patient rates her right shoulder and elbow pain as 5/10 and left shoulder and elbow pain as 6/10. Medications, as per 06/18/14 report, include Naprosyn and Voltaren gel. The patient is also relying on heat/cold therapy, over-the-counter NSAIDs, and home exercise program to manage her condition. The patient is not working, as per progress report dated 06/18/14. X-ray of Bilateral Shoulders, 05/21/14, as per progress report dated 06/18/14:- Slight bilateral AC joint osteoarthritis- Slight shoulder joint narrowing and spurring, right greater than left.X-ray of Bilateral elbows, 05/21/14, as per progress report dated 06/18/14: Slight narrowing and spurring bilaterally, right greater than left.MRI of the Right Wrist, 03/10/14, as per progress report dated 05/21/14: Mild tendinosis of the extensor pollicis longus and extensor carpi ulnaris tendons. MRI of the Left Wrist, 03/10/14, as per progress report dated 05/21/14: Mild tendinosis of the extensor pollicis longus and extensor carpi ulnaris tendons. MRI of the Right Shoulder, 3/10/14, as per progress report dated 05/21/14:- Large erosion of the infraspinatus insertion on the posterior aspect of the greater tuberosity- Degenerative changes of the acromioclavicular joint space.MRI of the Left Shoulder, 3/10/14, as per progress report dated 05/21/14:- Possible Buford complex- Anterior and superior labral tears- Strain of the posterior

hand of the inferior glenohumeral ligament. Diagnosis, 06/18/14:- Shoulder arthralgia- Elbow arthralgia- Shoulder impingement/bursitis- Elbow lateral epicondylitis. The treating physician is requesting for urine toxicology four times per year. The utilization review determination being challenged is dated 10/09/14. The rationale was "urine drug screening is supported for low risk patients approximately once a year per Official disability Guidelines (ODG.)" Treatment reports were provided from 05/21/14 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology four times per year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Under Opioid Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screens.

Decision rationale: The patient presents with pain in right elbow and right shoulder with intermittent pain in the left arm, per progress report dated 06/18/14. The request is for urine toxicology four times per year. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient was prescribed Ultracet (an opioid containing medication) on 11/07/13, as per progress report 05/21/14. There are no urine drug screens available for that prescription. However, patient's medications, as per the most recent progress report dated 06/18/14, included Naprosyn and Voltaren gel. Both these medications belong to the class of NSAIDs and do not require urine toxicology tests as per MTUS guidelines. Furthermore, the provider does not discuss the risk of dependency in the patient. Thus, the request for urine toxicology four times per year appears excessive and outside of the guidelines. Therefore, the request is not medically necessary and appropriate.