

Case Number:	CM14-0187176		
Date Assigned:	11/17/2014	Date of Injury:	03/09/2011
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

This is a 53-year old patient with a date of injury on 3/9/2011. In a progress noted dated 10/23/2014, the patient complained of mild to moderate right shoulder pain. Objective findings: tandem walking impaired, mild tenderness to palpation in lumbosacral spine, mild pain rated 5/10 in lumbosacral spine, and range of motion limited due to pain in the lumbosacral spine. The provider recommended a refill of Tylenol #3. The diagnostic impression showed right rotator cuff tear. Treatment to date: medication management, behavioral modification, physical therapy, surgery. A UR decision dated 10/17/2014 denied the request for 1 Urinalysis per 10/8/2014. The rationale provided regarding the denial was that there was no documentation of provider concern over the patient utilizing illicit drugs or being non-compliant with the use of prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis per 10/08/2014 form QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In a 10/23/2014 progress report, the provider recommended a refill for Tylenol #3, which is an opiate. There was no clear evidence, in the documentation provided, that this patient has had urine drug screens to monitor for medication compliance and aberrant behavior. Therefore, the request for 1 urine drug screen on 10/08/2014 was medically necessary.