

Case Number:	CM14-0187953		
Date Assigned:	11/18/2014	Date of Injury:	06/08/2009
Decision Date:	04/16/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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 48 year old female, who sustained an industrial injury on 06/08/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having pain in the shoulder joint and cervicobrachial syndrome. Treatment to date has included status post anterior cervical discectomy and fusion at cervical five through six with removal of cervical plate at cervical six to seven, medication regimen, subacromial steroid injections, use of a cervical collar, x-ray of the cervical spine, magnetic resonance imaging of the right shoulder, and magnetic resonance imaging of the cervical spine. In a progress note dated 09/08/2014 the treating provider reports complaints of continued shoulder pain and heart burn. The treating physician requested a urine toxicology screen to monitor the injured worker's compliance of medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screens: 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 Chronic Pain Treatment Guidelines Indicators and predictors of possible misuse of controlled substances and/or addiction, p87 Pain (Chronic), Urine drug testing (UDT) Page(s): 87.

Decision rationale: The claimant has a history of a work injury occurring nearly 5 years ago. She continues to be treated for chronic shoulder pain. Medications include Percocet being prescribed on a long-term basis. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. 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, or by physical examination. Although there is no documentation of risk stratification, the claimant would appear to be at low risk. In this scenario, guidelines recommend testing within six months of initiation of therapy and on a yearly basis thereafter. In this case, prior urine drug testing has not been reported. Therefore, the requested urine drug screen is medically necessary.