

Case Number:	CM14-0188928		
Date Assigned:	11/19/2014	Date of Injury:	06/03/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 44-year-old female who has submitted a claim for right shoulder arthropathy and left anterior cruciate ligament tear associated with an industrial injury date of 6/3/2013. Medical records from 2014 were reviewed, which the patient complained of pain at the right shoulder radiating to the right hand. The patient also experienced left knee pain rated 5/10 in severity. Physical examination of the right shoulder showed tenderness and limited motion. Treatment to date has included extracorporeal shockwave therapy, knee bracing, chiropractic care, Theramine and topical creams. The utilization review from 10/27/2014 denied the request for urinalysis for toxicology because a recent urine testing was already certified and there was no indication for repeating such procedure. Treatment to date has included extracorporeal shockwave therapy, knee bracing, chiropractic care, Theramine and topical creams. The utilization review from 10/27/2014 denied the request for urinalysis for toxicology because a recent urine testing was already certified and there was no indication for repeating such procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: On page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines it is stated that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include Theramine and a topical cream. There is no clear indication for urine drug testing at this time. There is no mention of a plan to initiate opioid therapy to warrant such procedure. There is likewise, no evidence of aberrant drug behavior. The medical necessity cannot be established due to insufficient information. Therefore, the request for urinalysis for toxicology is not medically necessary.