

Case Number:	CM14-0192037		
Date Assigned:	11/25/2014	Date of Injury:	11/27/2012
Decision Date:	01/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 23-year-old male who reported an injury on 11/27/2012. The mechanism of injury was not clearly provided. The injured worker's diagnoses included rotator cuff sprain and strain and adhesive capsulitis of the shoulder. His past treatments were noted to include physical therapy, a home exercise program, injections, and medications. There were no relevant surgeries included in the documentation. The injured worker's diagnostic testing included an MRI of the left shoulder without contrast, performed on 07/15/2014, which was noted to reveal tendinopathy of the supraspinatus tendon, a few subchondral cysts in the greater tuberosity, and mild fluid in the subacromial/sub-deltoid bursa. The injured worker's surgical history included a left shoulder arthroscopy and correction on 11/05/2013. On 10/21/2014, the injured worker complained of significant left shoulder pain and stiffness postoperatively. He reported pain that awakened him at night when he rolled on his left shoulder and pain with activities of daily living. Upon physical examination of the left shoulder, the injured worker demonstrated 70% activated passive range of motion with a 30 to 35 degrees internal rotation contracture with pain at the end points. His was noted with a painful arc of motion abduction Grimm for flexion. He was noted with a positive impingement, and negative AC and SC joint tenderness palpation aggravating maneuvers. Rotator cuff testing was 5/5 except supraspinatus at 4+/5 with mild pain with isolation and loading. The injured worker's medications included Norco 10/325 mg and Aleve OTC 220 mg. The request was for prospective review urine drug screen and retrospective review urine drug screen. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective review Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers' Compensation Pain Procedure Summary (updated 10/02/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids: Screening and risk of addiction Page(s): 43, 87-88.

Decision rationale: The request for prospective review urine drug screen is not medically necessary. According to the California MTUS Guidelines, drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines indicate that predictors of possible misuse of controlled substances and/or addiction include adverse consequences (decreased functioning, observed intoxication, and negative affective state), impaired control over medication use, craving and preoccupation, and adverse behavior. The documentation did not indicate what risk level the injured worker currently is nor a clear rationale for the urine drug testing. The documentation indicated the injured worker had been using opioids since at least 03/2014 with no documentation of suspicion of misuse or abuse of the medication. The prior urine drug screen was performed on 04/04/2014 and was noted to be inconsistent with current prescribed medications, as Tramadol was not detected in the injured worker's urine test. In the absence of documentation with sufficient evidence of risk stratification, including the use of testing instruments and the explanation of low risk, moderate, and high risk, the request is not supported. Therefore, the request is not medically necessary.

Retrospective review Urine drug screen (DOS 10-21-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers' Compensation Pain Procedure Summary (updated 10/02/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids: Screening and risk of addiction Page(s): 43, 87-88.

Decision rationale: The request for retrospective review urine drug screen is not medically necessary. According to the California MTUS Guidelines, drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines indicate that predictors of possible misuse of controlled substances and/or addiction include adverse consequences (decreased functioning, observed intoxication, and negative affective state), impaired control over medication use, craving and preoccupation, and adverse behavior. The documentation did not indicate what risk level the injured worker currently is nor is there a clear rationale for the urine drug testing. The documentation indicated the injured worker had been using opioids since at least 03/2014 with no documentation of suspicion of misuse or abuse of the medication. The prior urine drug screen was performed on 04/04/2014 and was noted to be inconsistent with current prescribed medications, as Tramadol was not

detected in the injured worker's urine test. In the absence of documentation with sufficient evidence of risk stratification, including the use of testing instruments and the explanation of low risk, moderate, and high risk, the request is not supported. Therefore, the request is not medically necessary.