MAXIMUS Federal Services

Case Number:	CM14-0195210		
Date Assigned:	12/10/2014	Date of Injury:	02/22/2012
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 31-year old male with an injury date of 02/22/12. Based on the 07/14/14 progress report, the patient complains of right shoulder pain. He has tenderness, stiffness, and a limited range of motion for her right shoulder. He is weak in internal and external rotation at 4/5. X-rays were taken of the right shoulder and right humerus which showed impingement sign (date of x-rays not provided). The 08/25/14 report states that the patient continues to have right shoulder pain with soreness and tingling in the right hand. The 10/06/14 report indicates that the patient is doing better, "with decreased pain and stiffness, and is now approaching maximum medical improvement." There was no list of diagnoses provided. The patient is currently taking Hydrocodone/APAP, Cyclobenzaprine, Diclofenac Sodium ER, and Pantoprazole Sodium ER. The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 06/02/14- 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain procedures summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: According to the 08/25/14 report, the patient presents with right shoulder pain with soreness and tingling in the right hand. The request is for a Urine Drug Screen. The utilization review denial letter states that the patient received a urine toxicology screen which was certified on 09/03/14. Regarding urine drug screens, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The 08/25/14 report lists the patient's prescribed medications as the following: Hydrocodone/APAP, Cyclobenzaprine, Diclofenac Sodium ER, and Pantoprazole Sodium ER. The utilization review denial letter states that the patient's last urine toxicology was done on 09/03/14. ODG guidelines recommend "once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the patient already had urine toxicology on 09/03/14 and there is no discussion provided regarding why urine toxicology is needed. In addition, the physician has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine toxicology is not medically necessary.