

Case Number:	CM14-0196087		
Date Assigned:	12/04/2014	Date of Injury:	07/18/2013
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 38 year old female with an injury date of 07/18/13. The patient is status post right shoulder arthroscopy with glenohumeral joint synovectomy, subacromial decompression with anterior acromioplasty, resection of coracoacromial ligament, subdeltoid bursectomy, and subacromial bursectomy, as per operative report dated 02/17/14. As per progress report dated 10/03/14, the patient complains of pain in the right shoulder. Physical examination reveals trigger points in right trapezius and right rhomboid muscles along with an improved range of motion. Apley scratch test is restricted. As per progress report dated 08/01/14, the patient reports occasional right shoulder pain of 7/10 which radiates to neck and upper back. Physical examination reveals a flexion of 150 degrees and abduction of 125 degrees. The patient has started physical therapy and is receiving some benefit from it, as per progress report dated 10/03/14. Medications, as per the same report, include Naproxen, Tramadol, Ambien, Lidoderm patch, and Prilosec. The patient has been allowed to work on modified duties, as per progress report dated 10/03/14. MRI of the Right Shoulder with Intra-articular Gadolinium, 01/22/14:18 x 15 mm long abnormal segment of the distal anterior supraspinatus tendon extending from its critical zone down to its footprints with contrast extruding through an insertion tear at its footprint with marked filling of the overlying subacromial and subdeltoid bursa. Loose granulation tissue covering the cuff tear and atresia versus severe hypoplasia of a non-visualized middle glenohumeral ligament. Diagnoses as of 10/03/14 includes right shoulder rotator cuff injury, status post right shoulder rotator cuff repair on 02/17/14, associated posttraumatic cervical sprain/strain injury and mild right thoracic outlet syndrome. The utilization review determination being challenged is dated 10/27/14. The rationale was "The need for four drug

screens is not clearly established at this time." Treatment reports were provided from 01/10/14 - 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test Qualitative Point of Care Test and Quantitative Lab Confirmation:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

Decision rationale: The patient is status post right shoulder arthroscopy, as per operative report dated 02/17/14, and presently complains of pain in the right shoulder, as per progress report dated 10/03/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the first prescription for an opioid was noted in progress report dated 01/21/14. The patient has consistently received the medications since then in form of Hydrocodone, Ultracet and Tramadol. At least two urine drug screen reports dated 10/03/14 and 08/22/14 have been noted in the progress reports. Both reports reflect consistent opioid use. In a supplemental report dated 10/03/14, the physician states that "We are requesting four drug screens over the course of treatment." However, the physician does not state the duration of the treatment. Additionally, there is no risk assessment on this patient's opiate use. Hence, 4 urine toxicology tests would appear excessive. This request is not medically necessary.