

Case Number:	CM14-0198310		
Date Assigned:	12/08/2014	Date of Injury:	01/08/2002
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old female, with a reported date of injury of 01/08/2002. The results of the injury were left shoulder pain and low back pain. The current diagnoses include status post lumbar surgery on 06/22/2009; left shoulder strain with impingement/tendonitis/bursitis; and right ankle sprain. The past diagnoses include status post lumbar surgery on 06/22/2009; bilateral shoulder strain with impingement/tendonitis/bursitis; right ankle sprain; bilateral knee patellofemoral arthralgia; and lumbar spine musculoligamentous sprain/strain. Treatments have included Norco 10/325 mg #120, one (1) tablet by mouth every 8 hours as needed; and an MRI of the left shoulder on 12/09/2014, which showed a small full-thickness tear involving the supraspinatus. The medical records included the laboratory results from samples collected on 10/10/2014, 07/02/2014, and 05/30/2014. The medical records did not include the medical report from which the request originated from. The progress report dated 08/27/2014 indicated that the injured worker complained of continued pain in her left shoulder and loss of motion. She mentioned that it was difficult to sleep on her left shoulder and the pain was becoming worse. The injured worker also complained of occasional flare-up of her low back pain. She rated her pain 8-9 out of 10. The objective findings included tenderness to palpation of the left shoulder, over the subacromial region, supraspinatus tendon, and acromioclavicular joint; decreased range of motion of the left shoulder; muscle guarding and spasm of the lumbar spine; and increased low back pain. The injured worker's status was temporarily totally disabled. The progress report dated 11/21/2014 indicated that the urine drug screen dated 10/10/2014 was consistent with the use of Norco, and positive for the use of medical marijuana. On 11/18/2014, Utilization Review (UR) denied the retrospective request for a repeat drug screen (Date of service: 10/16/2014). The UR physician cited the MTUS Chronic Pain Guidelines and noted that there was no documentation regarding the provider's concerns over the injured worker's use of

illicit drugs or non-compliance with prescription medications; any previous inconsistencies; or related actions taken, such as addiction counseling or medication weaning or discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective repeat drug screen, DOS: 10/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78 and 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/ addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, Retrospective repeat drug screen, DOS: 10/16/14 is not medically necessary.