

Case Number:	CM14-0198803		
Date Assigned:	12/03/2014	Date of Injury:	05/12/2014
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 patient is a 23-year-old man who sustained a work-related injury on May 12, 2014. Subsequently the patient developed chronic shoulder and low back pain. MRI of the left shoulder dated June 11, 2014 showed degenerative changes in the acromioclavicular joint with bone marrow edema in the distal clavicle, lateral down sloping of the acromion, and mild narrowing of subacromial space. The patient was taking cyclobenzaprine on an as-needed basis. He denies alcohol use. According to a progress report dated September 18, 2014, the patient has had worsening pain in the lumbar spine and bilateral hips with radiation of pain to the legs, rated 5-7/10. His physical examination was essentially unchanged except for the fact that there was diminished sensation in an L4-5 and S1 pattern bilaterally. the patient had completed 2 sessions of chiropractic treatment. On his visit of October 21, 2014, the patient reported that medications and topical creams were helpful. He rated his pain as a 6-7/10. He described insomnia and fatigue. Physical examination revealed decreased lumbar range of motion, spasm, and positive impingement in the left shoulder. The patient was diagnosed with lumbosacral strain, and left shoulder impingement. On the visit of September 20, 2014, the patient was recommended a UDS. The medical records do not detail the results of the initial urinalysis study. The provider requested for Toxicology Urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Urinalysis (date of service 10/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement and Opioids, Steps to Avoid Misu.

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

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no documentation that the patient is taking controlled opioids. He has no history or evidence of aberrant behavior. He has no clear evidence of abuse and addiction. There is no documentation that the patient has a history of use of illicit drugs. His previous drug screen was ordered on September 20, 2014. The medical records do not detail the results of the initial urinalysis study. Therefore, the request for Toxicology Urinalysis is not medically necessary.