

Case Number:	CM14-0199605		
Date Assigned:	12/10/2014	Date of Injury:	09/11/2012
Decision Date:	01/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 injured worker is a 63-year-old male who reported an injury on 09/11/2011. The mechanism of injury was repetitive work activities. His diagnoses were noted to include cumulative trauma for repetitive motion, right and left shoulder tendinitis, thoracic spine strain and myalgia, lumbar spine strain, disc displacement, myalgia and radiculitis, reported visual disturbance, reported depression and anxiety, reported sleep disturbance, and reactive airway disease. His past treatments were noted to include topical analgesic, physical therapy, rest, and TENS unit. The diagnostic studies and surgical history were not provided. During the assessment on 03/11/2014, the injured worker complained of occasional throbbing in the right and left shoulder, thoracic and lumbar spine. The physical examination of the cervical spine revealed tenderness to palpation of the spinous process and supraspinatus ligaments. Physical examination of the bilateral shoulders revealed tenderness to palpation of the bilateral acromioclavicular joints, subacromial spaces, and supraspinatus muscles. The physical examination of the thoracic and lumbar spine revealed tenderness to palpation of the rhomboids and thoracic spine. His medication was noted to include topical analgesics, Advil, and Tylenol. Doses and frequencies were not provided. The treatment plan was to continue orthopedic care for the bilateral shoulders. The rationale for the retrospective request for urine toxicology screen on 09/30/2014 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:

Retrospective request for urine toxicology screen on 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for retrospective request for urine toxicology screen on 9/30/14 is not medically necessary. The California MTUS Guidelines recommend drug screening as an option to assess for the use or the presence of illegal drugs. The guidelines indicate that the use of drug screen is for patients with documented issue of abuse, addiction, or poor pain control. The documentation provided did not indicate the injured worker had a history of abuse, addiction, or poor pain control. Furthermore, there was no documentation of medication, such as opioids, that required the need for drug screening. The clinical documentation indicated the injured worker was using topical analgesics, Tylenol, and Advil. Given the above, the request is not medically necessary.