

Case Number:	CM14-0206589		
Date Assigned:	12/18/2014	Date of Injury:	06/18/2013
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/10/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/18/2013. Per primary treating physician's initial comprehensive evaluation and request for authorization, the injured worker complains of pain in his left shoulder at 7/10. He describes his pain as intermittent and radiating to his trapezius, associated with numbness, aching and sharp pain, along with weakness and stiffness. He has limited range of motion with flexion, extension, rotation, reaching above shoulder level, reaching behind the back, pushing, pulling, carrying, lifting and positioning while sleeping. He is currently receiving medical treatment for his industrial injury by an orthopedic specialist. These medications include Norco, morphine, gabapentin, ibuprofen, atorvastatin, Ambien and Prozac. On examination of the left shoulder, he demonstrates positive Neer's, positive 90 degree cross over impingement test, positive Apley's, positive Hawkins' and weak abduction against resistance. He has a loud audible AC click with range of motion. There are some well healed surgical scars. Diagnoses include 1) status post left shoulder SLAP tear repair on 1/2/2014, 2) status post right biceps tendonsis surgery on 9/19/2014, 3) left shoulder impingement syndrome clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA tox 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), Pain, Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Criteria for Use Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is prescribed medications from another doctor, and the requesting physician reports that he will not be prescribing medications for the injured worker. The requesting physician does not address aberrant drug behavior. The requesting physician does not report that procedures are indicated at this time. There is no documentation that supports the need for urine drug screening at this time. Therefore, this request is not medically necessary.