

Case Number:	CM15-0003051		
Date Assigned:	01/14/2015	Date of Injury:	12/19/2012
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on December 19, 2012, when run over by a motor vehicle. She has reported numbness and tingling down the left arm. The diagnoses have included cervical sprain/strain, left shoulder impingement status post arthroscopy, subacromial decompression, and debridement of anterior and superior labrum with mini Mumford procedure, right shoulder stiffness, lumbar spine sprain/strain with disc bulges per MRI, status post right knee surgery on December 2013, status post left knee surgery in April 2013, and psych and head trauma with posttraumatic stress disorder and memory loss. Treatment to date has included left shoulder surgery, bilateral knee surgery, physical therapy, and medications. Currently, the IW complains of sharp pain inside the left shoulder. The Primary Treating Physician's report dated November 17, 2014, noted the injured worker four weeks after surgery. Physical examination was noted to show tenderness around the AC joint and over the impingement area consistent with inflammation. A urine toxicology screen was performed. On December 16, 2014, Utilization Review non-certified a urine toxicology quantitative and confirmatory test, performed on November 17, 2014, noting the injured worker had received urine drug screens at least twice in the previous six months, and that the documentation did not indicate any history of abuse or misuse with previous opioid use. The MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Pain (Chronic,) were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of a urine toxicology quantitative and confirmatory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Quantitative & Confirmatory Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG pain chapter, Urine drug screen

Decision rationale: According to the 11/17/2014 report, this patient presents with left shoulder pain and is 4 weeks status post. The current request is for 1 urine toxicology quantitative & confirmatory test and the request for authorization is on 11/17/2014. The patient's work status is TTD. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the provided report shows urine toxicology screen test was performed on 11/17/2014, 10/08/2014, 09/08/2014, 06/02/2014, and 05/05/2014. However, there were no discussions regarding the patient adverse behavior with opiates use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient' opiate use risk. Furthermore, ODG guidelines states Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. In this case, the request is for UDS's with quantitative lab. Without opiate use risk assessment, once yearly on random basis is all that is recommended per ODG. ODG also does not support quantitative lab on all urine toxicology. The request IS NOT medically necessary.