

Case Number:	CM15-0005200		
Date Assigned:	01/16/2015	Date of Injury:	10/17/2012
Decision Date:	03/16/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/09/2015

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 54 year old male who sustained an industrial injury on 10/17/2012. He has reported pain in the right shoulder and lumbar spine after pulling on a rope. The diagnoses have included shoulder sprain, joint pain, rotator cuff syndrome, partial rotator cuff tear and post-surgical care. Treatment to date has included rotator cuff repair, physical therapy and medication management. Magnetic resonance imaging from 5/29/2014 showed acromioclavicular osteoarthritis, mild supraspinatus tendinitis and mild infraspinatus tendinitis. Currently, the IW complains of continued right shoulder pain. On 1/9-2015, Utilization Review non-certified a urine drug screen, noting the lack of medical necessity. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with pain in the right shoulder with numbness and tingling. The current request is for a URINE TOXICOLOGY SCREEN. The treating physician states that the urine drug screening is to monitor the patient while on medications. Current medications include Norco, Naproxen, cyclobenzaprine and Pantoprazole. The MTUS Guidelines page 76, under opiate management: "Consider use of urine drug screen test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screens should be obtained for various risks of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors. Given the patient's opiate prescription, a once yearly random UDS would be appropriate. In this case, the patient had a urine toxicology screening on 7/28/14 and a request for another test was made on 12/3/14. ODG states that once yearly screening is sufficient in low risk patients. This request IS NOT medically necessary.