

Case Number:	CM15-0138746		
Date Assigned:	07/28/2015	Date of Injury:	02/07/2014
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 2/7/14. The injured worker has complaints of right shoulder pain. The documentation noted that there is trace tenderness to palpation over the acromioclavicular joint and 1+ tenderness in the subacromial space and palpation over the greater tuberosity of the shoulder is painless. The diagnoses have included right shoulder impingement syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder on 3/12/14 showed tendinitis of the cuff; injections; multiple therapies and norco. The request was for urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnosis is right shoulder impingement syndrome. Date of injury is February 7, 2014. Request for authorization is dated June 18, 2015. There is a single progress note by the requesting provider dated December 18, 2014. Subjectively, the injured worker has right shoulder pain 7/10 that radiates to the forearm with tingling and weakness. Medications include Norco 10/325mg. Objectively, there is a painful range of motion. A urine drug screen was performed November 19, 2014. The documentation states urine drug screen monitoring is to continue while medications are prescribed no less frequently than monthly. There is no clinical indication or rationale in the medical record for performing monthly urine drug toxicology screens. Documentation does not indicate aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment indicating the injured worker is a high risk for drug misuse or abuse. Consequently, absent clinical documentation indicating aberrant drug-related behavior, drug misuse or abuse and no documentation indicating monthly urine drug toxicology screens are indicated, urine drug toxicology screen is not medically necessary.