

Case Number:	CM15-0160077		
Date Assigned:	08/26/2015	Date of Injury:	10/18/2011
Decision Date:	10/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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
 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 43-year-old female, who sustained an industrial injury on October 18, 2011. The injured worker reported preventing a client from falling and when she pulled up her client, she forcefully used her left arm causing immediate pain and injury to the left shoulder and arm. The injured worker was diagnosed as having status post surgery to the left shoulder, osteoarthritis of the left shoulder, infraspinatus sprain and strain, and left forearm pain. Treatment and diagnostic studies to date has included lift capacity evaluation, above noted procedure, chiropractic therapy, use of heat and ice, and home exercise program. In a progress note dated June 23, 2015 the treating physician reports complaints of constant, moderate, achy pain to the left shoulder along with stiffness that radiates to the left arm and hand with numbness, tingling, popping, and weakness. The treating physician also noted complaints of frequent, moderate, achy pain to the left forearm that radiates to the left hand with numbness, tingling, and weakness. Examination reveals decreased range of motion to the left shoulder. The injured worker's pain level to the left shoulder was rated a 6 out of 10 and the pain level to the left forearm was rated a 5 out of 10. The progress note did not include a medication regimen. The treating physician requested urine toxicology, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with pain in the left forearm and shoulder radiating to the neck. The request is for URINE TOXICOLOGY. Physical examination to the left shoulder on 08/06/15 revealed tenderness to palpation to the left scapular medial border. Range of motion was noted to be decreased. Per 06/23/15 progress report, patient's diagnosis includes osteoarthritis on the left shoulder, infraspinatus sprain and strain, and left forearm pain. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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. Treater has not specifically discussed this request; no RFA was provided either. The guidelines recommend urine toxicology testing for patients on opioid therapy for compliance reasons. However, the treating physician has not provided any prescriptive notes for this patient. There are no documentations in regards to patient's taking any medication, specifically opioids. This request does not meet guideline recommendations and therefore, IS NOT medically necessary.