

Case Number:	CM15-0160977		
Date Assigned:	08/27/2015	Date of Injury:	03/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
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 51 year old female, who sustained an industrial injury on 3-15-14. She has reported initial complaints of a right arm injury with sharp pain in the right upper extremity and lower back after lifting heavy trash bags. The diagnoses have included right shoulder internal derangement, right elbow lateral epicondylitis, right wrist strain and sprain, lumbar sprain and strain with right lower extremity (RLE) radiculopathy and right hip sprain and strain. Treatment to date has included medications, activity modifications, physical therapy, and other modalities. Currently, as per the physician progress note dated 5-8-15, the injured worker complains of pain in the neck, bilateral shoulders, bilateral arms and elbows, right forearm, right wrist and back pain. The urine drug screen dated 6-12-15 was inconsistent with the medications prescribed. The objective findings-physical exam reveals tenderness to the bilateral shoulders decreased range of motion on the right shoulder, positive impingement, Neer's and Hawkin's tests. There is tenderness in the right elbow, decreased range of motion and positive Cozen's and Mills tests .There is tenderness over the right wrist, decreased range of motion, and positive Phalen's, reverse Phalen's and Tinel's tests. The physician recommended surgical intervention for the right shoulder. The physician requested treatment included Retrospective request for urine drug screen (DOS: 6-12-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen (DOS: 6/12/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinary Drugs Screen (UDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing.

Decision rationale: The patient presents with right shoulder pain with radiation to the upper extremity, right elbow pain with radiation to the upper extremity, and right wrist and hand pain with radiation to the upper extremity. The request is for retrospective request for urine drug screen (DOS: 6/12/2015). The request for authorization is dated. Physical examination reveals limited range of motion is noted in the right shoulder. Impingement, Neer's and Hawkin's were positive to the right. Weakness is noted in the right-sided internal and external shoulder rotators at 4/5. There is parathesia in the right upper extremity. She is not attending physical therapy program at this time. The patient will continue with home exercise program for the right upper extremity. Per progress report dated 08/18/15, the patient to remain off work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 06/29/15, treater's reason for the request is "to determine consistent medication management for the patient's prescription drug therapy. In this case, the patient is prescribed Tylenol #4, which contains codeine, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.