

Case Number:	CM15-0164516		
Date Assigned:	09/01/2015	Date of Injury:	02/01/2010
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on 2-1-10 from a trip and fall falling on his right shoulder. He currently complains of constant pain in the cervical spine; improving right shoulder pain but with clicking on the left shoulder without gaining full range of motion; bilateral hand numbness and weakness; low back pain with radicular pain to both lower extremities. On physical exam there was tenderness to palpation with muscle spasms and guarding, positive axial compression test; right and left shoulder exam revealed healed surgical scars, decreased range of motion; lumbar spine revealed tenderness to palpation with spasms and guarding; upper extremity exam revealed positive Tinel's sign for ulnar nerve neuritis. Medications were tramadol, which does not work, Norco that offers relief. Diagnoses include rotator cuff tear with retraction, right shoulder, status post right shoulder manipulation, arthroscopic synovectomy, debridement, rotator cuff repair, decompression (4-28-15); right shoulder impingement syndrome; right shoulder acromioclavicular joint arthritis; musculoligamentous strain of the cervical spine; cervical radiculitis; musculoligamentous strain of the lumbar spine with positive twitch response; bilateral carpal tunnel syndrome; bilateral ulnar nerve neuritis; status post left shoulder arthroscopic surgery and repair of rotator cuff (11-14-14); anxiety, neurosis. Treatments to date include medications; physical therapy. Diagnostics include electrodiagnostic studies of upper and lower extremities (12-17-13) abnormal; MRI of the right shoulder (7-12-14) showing 18 millimeter supraspinatus tear right shoulder, high grade partial thickness tear subcapularis tendon, partial biceps tendon tear. In the progress note, dated 7-27-15 the treating provider's plan of care included a request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or non-compliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.