

Case Number:	CM15-0168119		
Date Assigned:	09/08/2015	Date of Injury:	07/02/2012
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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, Pain Management, Occupational 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 (IW) is a 47 year old male with a date of injury 07-02-2012. The injury reported was to the left shoulder. The worker was diagnosed with cervical sprain-strain, left shoulder sprain-strain, left shoulder tenosynovitis. His treatments have included physical therapy, chiropractic care, oral and topical medications, and steroid injections to the left shoulder. A review of the medical record indicates the worker is currently being treated for neck pain that radiates to the bilateral shoulders, thoracic spine pain accompanied by cramping, and left shoulder pain all of which are accompanied by tingling and weakness and aggravated by movement. He rates the pain as a 7 on a scale of 0-10. He also complains of left hip pain described as stabbing, stiffness and numbness and rated as a 6 on a scale of 0-10. Medications decrease his pain by 50% and he is currently taking Zolpidem, Pantoprazole, and Diclofenac. Prior to July 2015, the worker had been prescribed Ultracet, Anaprox, Flexeril, and Prilosec (since 03/2015). On exam (06/30/2015) he is noted to have lumbar spasm with complaint of sciatica that is greater on the left than on the right. Straight legs raise is positive bilaterally. The cervical spine exam reveals tenderness to palpation that is diffuse across the cervical trapezial ridge with pain on full range of motion. There is facet tenderness to palpation C4-5, C5-6, and C6-7. Exam of the left shoulder reveals forward flexion to 130 degrees and abduction to 80 degrees. Pain is noted with range of motion, and there is tenderness to palpation at the AC joint. In a PR2 (Primary Treating Physician's Progress Report) dated 06/30/2015, the medications listed include Tramadol. In the physician notes of 07/09/2015, the Tramadol is not listed under

medications dispensed, and a urinalysis was performed to obtain baseline results for care under a secondary treating physician. Under review is a retroactive request for authorization for urine toxicology screening and confirmation. A utilization review 08/07/2015 non-certified the request for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine toxicology screening and confirmation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

Decision rationale: MTUS 2009 recommends urine drug testing to detect illicit drugs if use is suspected. ODG states that screening assays are appropriate for confirmation of detected substances, particularly if there is a discrepancy about the use of the detected substance. Confirmation with quantitative testing is not typically useful if the detected substance is expected since it is prescribed. The order for this drug test appears to include confirmation testing with GC/MS for quantitative analysis which is not medically necessary according to ODG. Therefore, this urine drug test is not medically necessary.