

Case Number:	CM15-0169384		
Date Assigned:	09/10/2015	Date of Injury:	03/10/2015
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47-year-old male, with a reported date of injury of 03-10-2015. The mechanism of injury was the result of a fall backwards, landing on his entire right side. The injured worker's symptoms at the time of the injury included immediate right shoulder pain. The diagnoses include cervical strain, rule out herniated nucleus pulposus; lumbar strain, rule out herniated nucleus pulposus; and right shoulder sprain. Treatments and evaluation to date have included oral medications and physical therapy. The diagnostic studies to date included an x-ray of the right wrist on 03-12-2015 which showed no abnormal findings; an x-ray of the sacrum and coccyx on 03-12-2015 which showed no abnormal findings; urine drug screen on 04-06-2015 inconsistent findings for cyclobenzaprine; an MRI of the lumbar spine on 05-20-2015 which showed chronic disc degeneration at L3-4, L4-5, and L5-S1, borderline spinal stenosis at L4-5, mild right foraminal stenosis at L4-5, and broad-based dorsal disc spur complex at L5-S1; an MRI of the cervical spine on 05-20-2015 which showed chronic disc degeneration at C4-5 and C5-6, broad-based rightward prominent dorsal disc spur complex, and narrowing of the right exit foramina at C5-6 and C4-5; and an MRI of the right shoulder on 07-15-2015 which showed supraspinatus tendinosis, impingement, small subdeltoid bursal effusion, and no labral tear; and a urine drug screen on 07-22-2015 with inconsistent results for cyclobenzaprine. The progress report dated 07-22-2015 indicates that the injured worker's pain had been about the same. The right shoulder was the worst pain at that time. The pain persisted in the neck and low back. It was noted that the medications had been very helpful in controlling his pain and spasms. The injured worker's pain was rated 7 out of 10 without medications and 4 out of 10 with medications. The injured worker has not been able to return to work. The objective findings include numbness and weakness on the right at C6 and bilateral L5 and S1; positive bilateral

straight leg raise test; an antalgic gait; inability to heel-walk and toe-walk bilaterally; positive cervical and lumbar tenderness; muscle spasms in the paraspinal musculature; decreased cervical spine range of motion; decreased lumbar spine range of motion; and right shoulder impingement. The injured worker's work status was temporary total disability until revisit. The request for authorization was not included in the medical records. The treating physician requested a qualitative full panel drug screen (date of service: 07-22-2015). On 08-05-2015, Utilization Review non-certified the request for qualitative full panel drug screen (date of service: 07-22-2015) due to no indication that the injured worker was being prescribed opioids on a long-term basis or that there was an opioid treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: qualitative full panel drug screen DOS 7-22-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 47 year old male has complained of right shoulder pain, cervical spine pain and lumbar spine pain since date of injury 3/10/2015. He has been treated with physical therapy and medications. The current request is for retrospective: qualitative full panel drug screen DOS 7-22-15. No treating physician reports adequately address the specific indications for urinalysis drug screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, retrospective: qualitative full panel drug screen DOS 7-22-15 is not indicated as medically necessary.