

Case Number:	CM15-0189892		
Date Assigned:	10/02/2015	Date of Injury:	01/10/2011
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 65 year old female, who sustained an industrial-work injury on 1-10-11. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having cervical muscle spasm, sprain-strain, right shoulder bursitis, right shoulder impingement syndrome, left shoulder bursitis, and left shoulder impingement syndrome. Treatment to date has included medication, surgery (left shoulder in 2011), and diagnostics. Currently, the injured worker complains of continuous neck pain rated 4-8 out of 10 with numbness and tingling radiating into the bilateral upper extremities as well as bilateral shoulder pain rated 4-8 out of 10. Medications taken include Tramadol, Tizanidine, Metformin, Avorvastatin, Lisinopril, Resodratone sodium, and Omeprazole. Lab report from 7-7-15 reports negative from all medications. Per the primary physician's progress report (PR-2) on 7-7-15, exam noted no use of device or supports, motor strength of 5- out of 5 in the shoulders, normal DTR (deep tendon reflexes). The cervical spine exam notes pain and decreased range of motion, tenderness to palpation of the paravertebral muscles with spasm, and Spurling's is negative. The right shoulder has decreased range of motion with tenderness to palpation of the anterior, lateral, and posterior shoulder with muscle spasm, positive Neer's, and shoulder apprehension is negative. Hawkin's is positive in the left shoulder. The Request for Authorization requested service to include Urine drug testing (Retrospective review DOS 07/07/15). The Utilization Review on 9-3-15 partially certified the request for Urine drug testing (Retrospective review DOS 07/07/15), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing (Retrospective review DOS 07/07/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

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) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with pain in her neck radiating into the bilateral upper extremity, and bilateral shoulders. The request is for urine drug testing (retrospective review DOS 07/07/15). The request for authorization is dated 07/07/15. The patient is status post left shoulder surgery, 2011. Physical examination of the cervical spine reveals decreased range of motion. There is tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Exam of shoulders reveals decreased range of motion. There is tenderness to palpation of the anterior shoulder, lateral shoulder and posterior shoulder. There is spasm of the anterior shoulder and posterior shoulder. Neer's and Hawkin's are positive. She has had physical therapy and underwent MRI studies. She has been prescribed medications and a TENS unit. She has had cortisone injection into each shoulder providing partial pain relief. Patient's medications include Metformin, Atorvastatin, Lisinopril, Omeprazole, Tizanidine, and Tramadol. Per progress report dated 07/07/15, the patient is placed on temporary total disability. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under 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." Per progress report dated 07/07/15, treater's reason for the request is "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substance), to diagnose substance misuse/abuse, addiction and/or other aberrant drug-related behavior to guide treatment and to advocate for patients." In this case, the patient is prescribed Tramadol, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Provided medical records do not indicate the patient had a recent UDS done. Therefore, the request IS/WAS medically necessary.