

Case Number:	CM15-0195746		
Date Assigned:	10/09/2015	Date of Injury:	09/16/2014
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York

Certification(s)/Specialty: Internal 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 is a 51 year old female who sustained an industrial injury on 09-16-2014. On 06-05-2015, the injured worker underwent left shoulder surgery followed by physical therapy. A urine drug screen report dated 07-29-2015 was submitted for review and showed Tramadol was detected and prescribed. According to a progress report dated 08-21-2015, the injured worker reported persistent pain in the left shoulder that was rated 6 on a scale of 1-10. Range of motion was improving and pain was slightly decreased since the last month. She had been doing physical therapy. Pain in the left hand was rated 7. Tramadol brought pain from a 7 down to a 3 or 4. Motrin brought pain from a 7 down to a 4. She was currently not working. Range of motion was increased compared to last month. There was decreased range of motion in the left hand. Grip strength was 4 plus out of 5. There was decreased sensation in the median aspect. There was positive Tinel's sign. Diagnoses included bilateral carpal tunnel syndrome per electrodiagnostic studies, left shoulder rotator cuff syndrome, mild left acromioclavicular joint arthrosis per MRI dated 01-05-2015, left shoulder infraspinatus calcific tendinosis per MRI dated 01-05-2015, possible degenerative subchondral cyst or low-grade chondroid lesion such as in chondroma on the left shoulder per MRI dated 01-05-2015 and status post left shoulder arthroscopy and decompression. The treatment plan included topical compound cream, Tramadol and Motrin and urine drug screen on next visit. The provider noted that there were no signs of abuse, overuse or adverse reactions. The injured worker was temporarily totally disabled. An authorization request dated 09-08-2015 was submitted for review. The requested services

included topical compound cream, urine toxicology screen, Ultram and Motrin. On 09-16-2015, Utilization Review modified the request for urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary - 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) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is maintained on Tramadol and there is no documentation of previous urine drug screen results. A urine drug test is indicated to document compliance with the prescribed medical regimen. Medical necessity for the requested urine drug screen is established. The requested urine drug screen is medically necessary.