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| Case Number: | CM15-0197199 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 08/23/2009 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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: Emergency 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 65-year-old male who sustained an industrial injury on 8-23-2009 and has been treated for impingement syndrome and rotator cuff tear. In the most recent note provided dated 4-21-2015, the injured worker was being treated for shoulder pain and being treated with Temazepam, Pentazocine, Sumatriptan, and Anaprox. These same medications were documented as being part of the treatment plan since at least 2-4-2015. Documented treatment in addition to medication includes trigger point injection, physical therapy, activity restrictions, and surgery. There is a toxicology report provided dated 4-23-2015 showing positive for Oxazepam. There is no documentation related to medication behaviors. The treating physician's plan of care includes a urine drug screening which was denied on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The requested Urine Drug Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has shoulder pain and being treated with Temazepam, Pentazocine, Sumatriptan, and Anaprox. These same medications were documented as being part of the treatment plan since at least 2-4-2015. Documented treatment in addition to medication includes trigger point injection, physical therapy, activity restrictions, and surgery. There is a toxicology report provided dated 4-23-2015 showing positive for Oxazepam. There is no documentation related to medication behaviors. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.