

Case Number:	CM15-0199347		
Date Assigned:	10/15/2015	Date of Injury:	03/30/2015
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 37 year old male, who sustained an industrial injury on 3-30-15. Medical records indicate that the injured worker is undergoing treatment for a rotator cuff sprain, shoulder sprain, lumbar spine sprain-strain, lumbar disc displacement and radicular syndrome of the lower limbs. The injured worker was able to return to work with modified duties. The injured workers current work status was not identified. On (8-20-15) the injured worker complained of constant low back pain radiating to the thoracic spine and constant right shoulder pain which radiated to the neck. Examination of the lumbar spine revealed tenderness to palpation over the bilateral sacroiliac joints and the lumbar five-sacral one spinous processes. Lasegue's maneuver was positive bilaterally. Right shoulder examination revealed tenderness to palpation over the anterior and posterior shoulder. A Neer's test and Hawkins test could not be performed. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI of the shoulder and physical therapy. Current medications include Motrin, Prilosec and Flurbiprofen cream. The treating physician noted that a urine drug screen was to be performed as a baseline and randomly 2-4 times a year or for "cause". The current treatment request is for a urine drug screen. The Utilization Review documentation dated 10-5-15 non-certified the request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior is recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. Also, the patient is not currently on any controlled substances. As such, the current request for urine toxicology is not medically necessary.