

Case Number:	CM15-0025333		
Date Assigned:	02/17/2015	Date of Injury:	04/11/2014
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/10/2015

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: District of Columbia, Virginia
 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 36 year old male, who sustained an industrial injury on April 11, 2014. The injured worker had reported a right shoulder injury. The diagnoses have included residual impingement of the right shoulder, right shoulder musculoligamentous sprain/strain, right elbow musculoligamentous sprain/strain and right shoulder labral tear. Treatment to date has included pain medication, x-ray of the right shoulder, MRI of the right shoulder, chiropractic treatment, Cortisone injection, a right shoulder arthroscopy and post-operative physical therapy. Current documentation dated January 12, 2015 notes that the injured worker complained of constant pain in the right shoulder radiating to the neck and down into the arm. He had a popping, clicking and grinding sensation in the shoulder. Associated symptoms included numbness and tingling. The average pain level was a seven out of ten on the Visual Analogue Scale. The injured worker was also noted to have had difficulties with activities of daily living and difficulty sleeping. Physical examination of the right shoulder revealed tenderness and a positive impingement test, drop arm test, Neer's sign and Hawkins's sign. Range of motion was decreased. On January 22, 2015 Utilization Review non-certified a request for a retrospective Urine Drug Screen performed on January 12, 2015. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of a retrospective Urine Drug Screen performed on January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine drug test (date of service: 1/12/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43, 89.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The patient has some behavioral concerns which were being monitored. Drug testing would be indicated for monitoring while patient was on long term narcotics.