

Case Number:	CM15-0027632		
Date Assigned:	02/20/2015	Date of Injury:	10/20/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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 48 year old female, who sustained an industrial injury on 10/20/2014. She reports falling backward in a chair and injuring her right shoulder. Diagnoses include cervical radiculopathy, right shoulder impingement and derangement, lumbar disc displacement, right lower extremity radiculopathy, muscle spasm and rotator cuff sprain/strain. Treatments to date include physical therapy, acupuncture and medication management. A progress note from the treating provider dated 1/15/2015 indicates the injured worker reported right shoulder pain. On 1/29/2015, Utilization Review non-certified the request for urine drug screen, citing MTUS/ACOEM.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with right shoulder pain and weakness. The current request is for URINE TOXICOLOGY SCREEN. The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs". The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors. The patient's medication regimen includes Naprosyn, Tramadol and Tizanidine. The Utilization review denied the request stating that "there is no detailing of drug prescribing or of the urine toxicology panel size". There is no indication of any recent urine drug screens. ODG recommends once yearly random screenings for patient's that are taking opiates. Given that the patient's medication regimen includes an opiate, the requested urine screen IS medically necessary.