

Case Number:	CM15-0211222		
Date Assigned:	10/30/2015	Date of Injury:	08/08/2012
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, Texas

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 49 year old male, who sustained an industrial-work injury on 8-8-12. He reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having right upper extremity radicular pain, right shoulder labrum tear, adhesive capsulitis, and brachial neuritis. Treatment to date has included medication, surgery (anterior cervical discectomy and fusion on 4-30-15), and diagnostics. MRI results were reported on 6-19-14 that reported multilevel disc disease and Mobic type II degenerative changes in the inferior end plate of C6. Currently, the injured worker complains of continued neck and right shoulder pain rated 8-10 out of 10. Norco helped pain go from 8 out of 10 to 4 out of 10 and have ability to perform basic ADL's (activities of daily living). Weather changes and activities make it worse. He is not working. The drug screen from 6-11-15 was not consistent with prescribed medication. Per the primary physician's progress report (PR-2) on 10-3-15, exam revealed loss of range of motion to the cervical spine, positive compression test with radiation of pain to the right upper extremity as well as left parascapular area. The right shoulder had pain with range of motion, positive Neer's impingement and positive Hawkin's impingement, tenderness to the acromioclavicular joint, and decreased strength at 4+ out of 5 with flexion and abduction. Current plan of care includes physical therapy, medical consultation with shoulder specialist, and diagnostic testing. The Request for Authorization requested service to include Urine drug screen. The Utilization Review on 10-16-15 denied the request for Urine drug screen.

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): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dealing with misuse & addiction.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the patient has had a previously inconsistent urine drug screen which has not been addressed by the provider. The repeat UDS is not medically necessary.