

Case Number:	CM15-0039021		
Date Assigned:	03/09/2015	Date of Injury:	05/07/2013
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 5/7/13. He has reported pain in the wrists and left shoulder working as a forklift operator. The diagnoses have included bilateral carpal tunnel syndrome, sprain and strain shoulder and upper arm and derangement of shoulder region and status post left carpal tunnel release and left shoulder arthroscopy. Treatment to date has included medications, surgery, physical therapy, pain management and diagnostics. Currently, as per the physician progress note dated 1/8/15, the injured worker complains of left shoulder pain and was scheduled for surgery to the left shoulder on January 28, 2015. The physical exam revealed left shoulder range of motion was full with positive tenderness at the acromioclavicular joint. The urine drug screen dated 1/8/15 was consistent with medications prescribed. The current medications were not noted in the records. The work status was temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test-Qualitative Point of Care Test and Quantitative Lab confirmations quantity 4 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79. Decision based on Non-MTUS Citation ODG. Chronic Opiates. Drug Screens.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. The records submitted do not show evidence of aberrant behavior. Current medications listed as of 11/2014 are as follows: Orphenadrine, Lisinopril, Simvastatin, and over the counter multivitamins. As of a 1/7/2015 preoperative evaluation, it is noted that he was given a prescription for Tramadol 50mg po q 6hrs PRN pain. A 1/8/2015 urine drug screen was performed and negative for Tramadol the next day, but it was also not reported that Tramadol was the substance being screened for to the drug testing company. Another drug screen was provided from 11/2014 and 5/2014 and both had negative results, but the substance or substances being tested for were not listed. An up to date list of all of this patient's medications has not been provided. It has not been 6 months since this patient's last drug screen in November, and no definite aberrant behavior has been noted. Likewise, this request for a repeat drug screen with quantitative confirmatory testing, based off the information that has currently been provided, is not considered medically necessary.