

Case Number:	CM15-0040035		
Date Assigned:	03/10/2015	Date of Injury:	05/15/2009
Decision Date:	04/21/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Internal Medicine, 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 45-year-old female, with a reported date of injury of 05/15/2009. The diagnoses include complex regional pain syndrome of the upper limb, status post left shoulder arthroscopic surgery, left upper extremity radicular pain, possible thoracic outlet syndrome/brachial neuritis, displacement of cervical intervertebral disc without myelopathy, shoulder joint pain, and rotator cuff shoulder syndrome. Treatments to date have included left stellate sympathetic ganglion block at C7, left C7-T1 interlaminar cervical epidural steroid injection, urine drug test, oral medications. The medical report dated 01/26/2015 was missing the first page. The report indicated that the physical examination of the cervical spine showed normal alignment, tenderness of the paracervical and trapezius muscles, trapezius trigger point pain, tenderness of the paracervical, scalene, trapezius, levator scapulae, and rhomboid muscles, tenderness of the left transverse process at C5, and pain with active range of motion. The treating physician requested a urine drug screen, which are performed routinely to monitor compliance, and as part of the pain management agreement and office policy.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 45 year old female has complained of left shoulder pain, left arm pain and neck pain since date of injury 5/15/09. She has been treated with epidural steroid injection, physical therapy, nerve blocks and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above-cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.