

Case Number:	CM15-0041160		
Date Assigned:	03/11/2015	Date of Injury:	04/14/2011
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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, California
 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 51 year old male who sustained a work related injury April 14, 2011. Past history includes right shoulder arthroscopic capsular release excision capture lesions redo subacromial decompression and a clavicular plasty August, 2012. According to a treating physician's office visit notes, dated December 9, 2014, the injured worker presented s/p right shoulder arthroscopy. He continues to have moderate pain in the right shoulder. He has completed physical therapy and performs his home exercise program twice daily. He is currently taking diclofenac and tramadol for pain and states it doesn't help the pain. Diagnoses included adhesive capsulitis of shoulder and other affections shoulder region. Treatment plan included Pilon dispensed, Medrol Dosepak prescribed, discontinue tramadol, continue home exercise, and use ice and heat as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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 urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant was on Tramadol and was advised to discontinue the medication on 12/9/15. There was no indication of prior non-compliance. The result of the urine result on 12/10/15 indicated no Tramadol in the urine result. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history the urine toxicology screen was not medically necessary.