

Case Number:	CM15-0043620		
Date Assigned:	03/13/2015	Date of Injury:	02/08/2012
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 33 year old male, who sustained an industrial injury on 2/8/12. He reported left shoulder and arm pain. The injured worker was diagnosed as having left shoulder derangement. Treatment to date has included oral medications, manipulation under anesthesia and physical therapy. (MRI) magnetic resonance imaging of shoulder was performed 2/2012. Currently, the injured worker complains of left shoulder pain. The current medications are Cyclobenzaprine, naproxen, omeprazole, gabapentin and hydrocodone. On physical exam popping and catching of left shoulder is noted. The treatment plan included continuing oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screening, performed February 10, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Steps to Avoid Misuse/Addiction Section.

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

Decision rationale: The 33 year old patient complains of pain in left shoulder, left arm, neck and lower back, as per progress report dated 01/21/14. The request is for RETROSPECTIVE URINE DRUG SCREENING, PERFORMED FEBRUARY 10, 2015. There is no RFA for the case, and the patient's date of injury is 02/08/12. Diagnoses included lumbar discogenic pain which is not part of workers compensation complaint. Medications included cyclobenzaprine, naproxen, omeprazole and hydrocodone. The patient is temporarily totally disabled, as per the same progress report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the most recent report available for review is dated 01/21/14. While the report does discuss the use of hydrocodone (an opioid), there is no documentation regarding urine toxicology screening. The current request is for an UDS that was performed more than an year after the report. It is not known if the patient is taking opioids at this time. There is no discussion regarding the patient's opioid dependence risk as well as the frequency of testing in the past. The reports lack relevant documentation required to make a determination. Hence, the request IS NOT medically necessary.