

Case Number:	CM15-0046269		
Date Assigned:	03/18/2015	Date of Injury:	02/12/2014
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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: District of Columbia, Virginia
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 52 year old female, who sustained an industrial injury on February 12, 2014. She reported a neck, and low back injury. The injured worker was diagnosed as having adhesive capsulitis of shoulder, and cervicothoracic spine myoligamentous sprain/strain. Treatment to date has included medications, physical therapy, magnetic resonance imaging, and right shoulder surgery. On July 29, 2014, she is seen for evaluation where it is noted she has reached maximum medical improvement. The records indicate a magnetic resonance imaging of the cervical spine was done on September 20, 2014, which revealed no findings of radiculopathy. A magnetic resonance imaging of the right shoulder was done on the same day, which revealed acromioclavicular joint arthrosis. A urine drug screen was completed on October 14, 2014. On January 20, 2015, she was seen for post-operative right shoulder arthroscopy follow-up. She complains of moderate pain to the shoulder. She was noted to have her sutures removed on this date, and will start physical therapy. On January 23, 2015, she began physical therapy. The records note she attended at least 11 sessions of physical therapy. The request is for: Norco 10/325mg provided on 1/6/15, and UDS (urine drug screen) done on 1/6/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 43.

Decision rationale: Per MTUS: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Per review of the cited guidelines and provided documentation, the patient had low risk of abuse and frequent drug testing would not be indicated.