

Case Number:	CM15-0057631		
Date Assigned:	04/02/2015	Date of Injury:	09/15/2013
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 63 year old male, who sustained an industrial injury on 9/15/2013. He reported pain in his neck, right shoulder and part of arm. Diagnoses have included right shoulder rotator cuff tear, cervical spine myospasms and right bicipital tendonitis. Treatment to date has included right shoulder arthroscopic surgery, physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 2/5/2015, the injured worker complained of right shoulder pain rated 8/10 and neck pain rated 9/10. The injured worker reported increased mobility, pain and weakness. Physical exam was noted to be unchanged from the previous visit. It was noted that a urinalysis from 1/27/2014 had expected results. Authorization was requested for urinalysis toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis toxicology QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain in neck, right shoulder, and part of arm. The current request is for Urinalysis toxicology QTY: 1.00. The treating physician states, in a report dated 02/05/15, "TREATMENT PLAN: X URINALYSIS TOXICOLOGY." (76B) Current medications listed are: KETOPROFEN/MENTHOL/CAPSAICIN 20%/5%/0.0375% CREAM, and UDOCAINE/HYALURONIC ACID 6%/0.2% PATCH. The MTUS guidelines state, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." However, MTUS requires UDS for patients taking opioids and this patient is not prescribed any opiates. There would be no reason for a drug screening since opiate is not being prescribed. The current request is not medically necessary and the recommendation is for denial.