

Case Number:	CM15-0058987		
Date Assigned:	04/03/2015	Date of Injury:	08/24/2013
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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 46 year old female who sustained a work related injury on August 24, 2013, incurred left shoulder injuries after she slipped and fell. She was diagnosed with a left shoulder dislocation and rotator cuff tear. She underwent a left shoulder arthroscopic. Treatment included acupuncture sessions, physical therapy, chiropractic manipulation, cortisone injections and medications. Currently, the injured worker complains of constant left shoulder pain with numbness and tingling in the wrist and hand. The treatment plan that was requested for authorization included a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

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 patient presents with constant left shoulder pain with numbness and tingling in the wrist and hand. The request is for a urine toxicology screen. There is no RFA provided and the patient's date of injury is 08/26/13. The patient was diagnosed with a left shoulder dislocation and rotator cuff tear. Medications have included Tylenol and Motrin, per 01/05/15 report. The patient is temporarily totally disabled. 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. Per 01/21/15 report, treater states, "A urine toxicology screen was given to evaluate the patient's medication management and/or ongoing medication therapy." There is no documentation in provided medical reports of prior urine toxicology screenings. While the treater states the request is to evaluate medication management, there is no discussion regarding opiate risk management. The provided reports reflect the patient was not prescribed Percocet and Oxycontin until 03/11/15, after the UDS was completed. At the time of UDS on 1/5/15, no opiates were listed for which an opiate monitoring would be needed. The request IS NOT medically necessary.