MAXIMUS Federal Services

Case Number:	CM15-0080031		
Date Assigned:	05/01/2015	Date of Injury:	12/12/2007
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York
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 69-year-old female, who sustained an industrial injury on 12/12/2007. Diagnoses have included status post right shoulder surgery, right shoulder tendinitis and cervical spine degenerative disc disease. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 1/27/2015, the injured worker complained of neck pain and right posterior shoulder pain. She complained of pain across her upper back and shoulder blades. Pain level with medications was rated 0-1/10 and without medications 3/10. Exam of the right shoulder revealed tenderness to palpation. Exam of the cervical spine revealed decreased range of motion, tenderness to palpation and muscle spasms. The treatment plan was to continue Baclofen, Lyrica, Lunesta and Lidoderm patches. Authorization was requested for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening per 4/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no documentation of current or proposed use of opioid medications that would require regular monitoring. There is no specific indication for the requested urine drug screen. Medical necessity for the requested item is not established. The requested item is not medically necessary.