

Case Number:	CM15-0085491		
Date Assigned:	05/07/2015	Date of Injury:	11/20/2006
Decision Date:	06/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, 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 68 year old male who sustained an industrial injury on 11/20/2006. Current diagnoses include left shoulder rotator cuff tear, left shoulder glenoid labrum tear, and left shoulder impingement syndrome. Previous treatments included medication management and home exercise program. Previous diagnostic studies include urinalysis/toxicology screens dated 08/18/2014, 12/03/2014, and 03/25/2015. Report dated 12/03/2014 noted that the injured worker presented with complaints that included continued left shoulder pain with occasional numbness and tingling in the left hand. Pain level was not included. Physical examination was positive for left shoulder limited range of motion and tenderness. The treatment plan included a prescription for Norco, continue current medications, home exercise and stretching, and urinalysis. Disputed treatments include urinalysis toxicology 1 every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen 1 every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen once every three months is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tear; left shoulder glenoid labrum tear; and left shoulder impingement syndrome. The medical record contains 12 pages. The request for urine drug toxicology screen once every three months does not contain an end date. The earliest progress note in the medical record is September 18, 2014. The injured worker was taking Norco 5 mg and cyclobenzaprine 10 mg. The most recent progress note is dated December 3, 2014. The injured worker was taking Norco 5 mg. The documentation in the record contains three urine drug screens three months apart. There is no clinical rationale in the medical record for urine drug toxicology screens once every three months. There is no risk assessments in the medical record. There is no aberrant drug-related behavior, drug misuse or abuse in the medical record the request authorization is dated March 25, 2015. There are no contemporaneous progress notes on or about the date of request for authorization. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for open-ended urine drug toxicology screens once every three months with no history of aberrant drug-related behavior, drug misuse or abuse, urine toxicology screens once every three months is not medically necessary.