

Case Number:	CM14-0135353		
Date Assigned:	08/29/2014	Date of Injury:	06/11/2013
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female who reported a date of injury of 06/11/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of left and right medial epicondylitis, left shoulder impingement, tendinitis, bursitis and bilateral tendinitis of the wrists. Prior treatments included physical therapy. An MRI of the cervical spine was performed on 08/22/2013. An ultrasound of the left shoulder was performed on 11/11/2013. Surgeries were not included within the medical records received. The injured worker had complaints of persistent left shoulder pain with lifting, pushing and pulling and, numbness and tingling to the wrists bilaterally at night. The injured worker rated her pain at 7-8/10 without medications and 5/10 with medications. The clinical note dated 07/22/2014 findings included tenderness to palpation of the left shoulder with trigger points over the periscapular musculature and tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. The injured worker had crepitus and positive impingement and cross arm tests. Medications included Norco and Cyclobenzaprine. The treatment plan included Norco, Cyclobenzaprine, the recommendation for an EMG/nerve conduction study of the upper extremities and the continuation of home exercises. The rationale was to provide documentation of the injured worker's compliance with the use of the prescribed opiate. The request for authorization form was received on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Long Term Users of Opioids (6 Months or More).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, Opioids, Criteria for Use Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is not medically necessary. The injured worker had complaints of shoulder and wrist pain for which she was prescribed Norco and Cyclobenzaprine on 04/02/2013. The California MTUS guidelines indicate urine drug testing is recommended to assess for the use or presence of illegal and prescribed drugs for patients with issues of abuse, addiction or poor pain control. A urine drug screen was performed on 01/15/2013 indicating the injured worker was not using any illegal or prescribed drugs; the injured worker was first prescribed Norco on 02/04/2013. The injured worker had a second urine drug screen on 03/19/2014 indicating her compliance with the use of Norco. There is a lack of documentation the injured worker is at risk for medications misuse. The request for a repeat urine drug screen is not indicated at this time, in the absence of aberrant behaviors and evidence of misuse. As such, the request is not medically necessary.