MAXIMUS Federal Services

Case Number:	CM14-0161005		
Date Assigned:	10/06/2014	Date of Injury:	09/05/2013
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 and is licensed to practice in Maryland. 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 employee was a 69 year old male who sustained an industrial injury to his left shoulder when he was opening an overhead window on a bus on 09/05/13. His treatment so far included physical therapy, rest and medications. He was started on Tramadol and Norco on 05/12/14 when his urine toxicology screen was negative. His progress note from 07/07/14 was reviewed. His subjective symptoms included left shoulder pain. Tramadol was causing dizziness and nausea. He was unable to take Norco while working. He did Home Exercise Program (HEP) for relief of pain. His pain was 8-9/10 without medications and 3-4/10 with medications. His examination was positive for poor shoulder range of motion on left side with positive impingement sign. The MRI of the left shoulder on 10/14/13 showed tendinosis of longhead of the biceps tendon, low grade undersurface fraying of the supraspinatus tendon and small subacromial subdeltoid fluid suggesting bursitis. The diagnoses included chronic pain syndrome, left shoulder pain, left shoulder strain, left shoulder rotator cuff dysfunction, numbness and myalgia. The plan of care included discontinuing Tramadol, Lidoderm patches, Norco 5/325mg as needed, Voltaren XR 100mg daily and ice packs as needed. A CURES report was obtained and reviewed and a urine drug screen was done. The request was for urine drug screen retrospective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective : Urine drug screen (date of service 7/4/14): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): OPIOIDS,Chronic Pain Treatment Guidelines OPIOIDS Page(s): 43.

Decision rationale: The employee was a 69 year old male who sustained an industrial injury to his left shoulder when he was opening an overhead window on a bus on 09/05/13. His treatment so far included physical therapy, rest and medications. He was started on Tramadol and Norco on 05/12/14. His urine toxicology screen during that visit prior to initiation of opioids was negative. His progress note from 07/07/14 was reviewed. His subjective symptoms included left shoulder pain. Tramadol was causing dizziness and nausea. He was unable to take Norco while working. He did HEP for relief of pain. His pain was 8-9/10 without medications and 3-4/10 with medications. His examination was positive for poor shoulder range of motion on left side with positive impingement sign. The MRI of the left shoulder on 10/14/13 showed tendinosis of longhead of the biceps tendon, low grade undersurface fraying of the supraspinatus tendon and small subacromial subdeltoid fluid suggesting bursitis. The diagnoses included chronic pain syndrome, left shoulder pain, left shoulder strain, left shoulder rotator cuff dysfunction, numbness and myalgia. The plan of care included discontinuing Tramadol, Lidoderm patches, Norco 5/325mg as needed, Voltaren XR 100mg daily and ice packs as needed. A CURES report was obtained and reviewed and a urine drug screen was done. The request was for urine drug screen retrospective. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done . The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the provider reports that the urine drug screen prior to initiating opioids in May 2014 was negative. A follow-up urine drug testing after initiation of Opioids is necessary to evaluate for aberrant behavior. Therefore, the request for retrospective Urine Drug Screening is medically necessary and appropriate.