

Case Number:	CM14-0162643		
Date Assigned:	10/07/2014	Date of Injury:	10/29/2012
Decision Date:	11/07/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine 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:

This is a 49-year-old male with a 10/29/12 date of injury, when he fell and injured his right shoulder. The patient underwent rotator cuff repair on 5/20/13. The progress note indicated that the urine toxicology test was approved with modification on 4/24/14. The patient was seen on 8/14/14 for the follow up visit. Exam findings revealed blood pressure 128/93, pulse 70 and weighs 190 pounds. The range of motion in the right shoulder was normal and there was minimal tenderness to palpation of the right biceps tendon and subacromial space. The patient was noted to be on Maxzide, Zestril and Simvastatin. The diagnosis is right shoulder impingement syndrome and lumbar sprain/strain. Treatment to date: physical therapy, work restrictions, home exercise program, TENS unit, and medications. An adverse determination was received on 10/02/14 given that the patient was not utilizing any controlled substances and opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Urine Drug Testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004), Chronic Pain Chapter 10, Chronic Use of Opioids, pages 222-238

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there is a lack of documentation indicating that the patient was utilizing opioids or was abusing illegal drugs. In addition, the UR decision dated 4/24/14 certified a urine toxicology test for the patient. Lastly, there is no rationale with regards to the necessity for a urine drug screen test for the patient. Therefore, the request for Urine Drug Screen was not medically necessary.