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| Case Number: | CM14-0094074 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/04/2013 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

According to the records made available for review, this is a 57-year-old male with a 6/4/13 date of injury. At the time (5/21/14) of the request for authorization for urine drug test, there is documentation of subjective (pain and discomfort in the bilateral shoulders) and objective (decreased shoulder range of motion, motor strength is graded 4/5 with flexion and external rotation of the right shoulder as well as with abduction of the left shoulder, motor strength is graded 4/5 in the elbow flexors (C5) on the right) findings, current diagnoses (status-post surgery with hardware placement right shoulder, tenosynovitis of the biceps tendon left shoulder, acromioclavicular joint degenerative changes with subacromial osteophytosis left shoulder, significant tendinopathy of supraspinatus and infraspinatus tendons, and possible SLAP lesion), and treatment to date (medications). There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen/Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status-post surgery with hardware placement right shoulder, tenosynovitis of the biceps tendon left shoulder, acromioclavicular joint degenerative changes with subacromial osteophytosis left shoulder, significant tendinopathy of supraspinatus and infraspinatus tendons, and possible SLAP lesion. However, despite documentation of ongoing treatment with medications, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine drug test is not medically necessary.