

Case Number:	CM14-0105761		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2012
Decision Date:	04/23/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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: District of Columbia, Virginia
 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 39 year old male, who sustained an industrial injury on 1/12/2012. He was diagnosed as having right knee medial meniscus tear, left knee lateral meniscus tear, left shoulder supraspinatus tendinosis and cervical disc. Treatment to date has included medications and work restrictions. Per the Primary Treating Physician's Progress Report dated 2/25/2014, the injured worker reported worsened pains of the neck, mid back, left shoulder and bilateral knees. Left shoulder pain radiates to the left upper extremity down to the hand with numbness/tingling. Physical examination revealed tenderness to palpation of the paracervical musculature. There is pain at end ranges. There is positive myospasm of the thoracic spine. The left shoulder is tender to palpation from the trapezius extended to the glenohumeral joint line. There is pain on range of motion. Bilateral knees are tender to palpation at the joint line with restricted range of motion. The plan of care included evaluation by a spine surgeon and creams for relief of pain. On 3/04/2014, authorization was requested for drug screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screening Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use; Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 43.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioid steps to avoid misuse/addiction. Per review of the clinical documentation provided, this patient had no known issues with abuse and drug screening would not be indicated, therefore the service is not medically necessary.