

Case Number:	CM14-0214924		
Date Assigned:	01/07/2015	Date of Injury:	07/29/2013
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who suffered a work related injury on 07/29/2013. Diagnoses include internal derangement of the right shoulder, status post right shoulder arthroscopy/decompression. Treatment post-surgery has included physical therapy, medications and a TENS unit. A physician progress note dated 10/17/2014 documents the injured worker has pain rated 6 out of 10 in his right shoulder. The injured worker indicates the activities of daily living, that includes shopping, are maintained with the medication. There is tenderness in the right shoulder. There is right shoulder range of motion improvement. There is conditioning improvement in the right deltoid musculature. There is spasm of the cervical trapezius decrease. The request is for retrospective toxicology monitoring. Utilization Review dated 12/05/2014 non-certifies the request for retrospective toxicology monitoring citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines supports the ongoing use of opioids urine drug screens for screening for aberrant behavior and compliance with medications. The medical records in this case are unclear in terms of what risk level this claimant has been assessed, which, per the guidelines, would determine the frequency of testing. It is unknown if a previous urine drug test has been documented for this claimant. If, so there is no documentation the AP has incorporated these prior test results in his medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Toxicology Monitoring: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with continued right shoulder pain following right shoulder surgery on August of 2014. The current request is for toxicology monitoring. The utilization review denied the request stating that the medical records are unclear in terms of what risk level this claimant has been assessed, which would determine the frequency of testing and it is unknown if previous urine tests have been documented for this claimant. The MTUS guidelines page 77, under opiate management: (j) "consider the use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the Pain Chapter provides clear recommendation on how frequent urine drug screen should be obtained from various risks of opiate users. ODG Guidelines recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. Review of the medical file indicates that the patient was administered a random drug test on 06/25/2014, 09/24/2014, and 10/17/2014. In this case, ODG states that once yearly random screening is sufficient for low-risk patients. There is no documentation found in the records provided to indicate that the patient is a moderate or high risk opiate user so we are to assume that the patient is a low risk individual. Given the patient has had multiple screening in 2014, the request IS NOT medically necessary.