

Case Number:	CM15-0111451		
Date Assigned:	06/17/2015	Date of Injury:	04/29/2012
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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, Hawaii
 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:

The injured worker is a 54-year-old female, who sustained an industrial injury on 4/29/12. The injured worker was diagnosed as having cervical pain with upper extremity symptoms, status post remote right shoulder surgery, and status post right shoulder rotator cuff repair/subacromial decompression. Treatment to date has included TENS, chiropractic treatment, physical therapy, and medication including Tramadol, Cyclobenzaprine, and topical NSAIDs. Currently, the injured worker complains of right shoulder pain and cervical pain. The treating physician requested authorization for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Urine Drug Screen.

Decision rationale: The patient presents with pain affecting the right shoulder and cervical spine. The current request is for Urine drug screen. The treating physician states in the report dated 4/24/15, "Urine drug screen today to remain in compliance with Guidelines." (62B) The ODG guidelines state "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter, Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year, Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year." According to the records submitted for review, the patient last received a urine drug screen on 12/19/14, which was consistent with the current medications. In this case, the treating physician has not tested the patient since 2014 and would like to retest to be in compliance with the ODG Guidelines. The current request is medically necessary.