

Case Number:	CM15-0118956		
Date Assigned:	06/29/2015	Date of Injury:	06/25/2011
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 41-year-old female who sustained an industrial injury on 06/25/2011. She reported feeling a "crack" in her right arm followed by right arm pain. The injured worker was diagnosed as having possible right shoulder SLAP (superior labral anterior posterior) tear versus rotator cuff tear. Treatment to date has included medications, physical therapy, and diagnostic MRI of the right shoulder, oral and topical medications. On the visit of 03/31/2015, the injured worker has shoulder range of motion to 180 degrees abduction, and 180 degrees flexion with pain. She has severe pain in the right shoulder with all ranges of motion. She also complains of pain going from shoulder to the neck. She has low back pain that has developed over the past six months. Her medications include Enova RX-Ibuprofen (a micro-dermal based cream) for her shoulder pain. The plan is to continue these medications and monitor the worker for compliance. A request for authorization is made for a Retro Review DOS 4/4/15 Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review DOS 4/4/15 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for retrospective urine drug screen is not medically necessary.