

Case Number:	CM15-0124171		
Date Assigned:	07/08/2015	Date of Injury:	08/30/2014
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
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 58-year-old female, who sustained an industrial injury on 08/30/2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder sprain/strain; right shoulder tendinitis; right shoulder impingement syndrome; and right shoulder rotator cuff tear per MRI dated 10/02/2014. Treatment to date has included medications, diagnostics, heat and ice contrast therapy, chiropractic therapy, and physical therapy. Medications have included a topical compounded cream. A progress report from the treating physician, dated 04/07/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persistent pain, stiffness, and weakness to the right shoulder; the pain remains the same since the last office visit; the pain is rated as a 5 on a scale of 1 to 10. Objective findings included tenderness of her right shoulder with a positive drop arm test, consistent with a rotator cuff tear; and x-rays of the shoulder shows no increase of osteoarthritis. The treatment plan has included the request for urine toxicology screening, as related to the right shoulder injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening, as related to the right shoulder injury: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing as related to right shoulder surgery is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are rotator cuff sprain strain and rotator cuff pain. The date of injury is August 30, 2014. The request for authorization is June 5, 2015. According to progress note dated June 1, 2015, the injured worker subjectively complains of right shoulder pain 5/10. The clinical findings are suggestive of a right rotator cuff tear. The treatment plan indicates a urine drug screen was ordered to check the efficacy of medications. The efficacy of medications are determined by a clinical history. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Additionally, there are no medications listed in the progress note. Consequently, absent clinical documentation with a clinical indication and rationale for urine drug screen and the list of current medications prescribed by the treating provider, urine drug testing as related to right shoulder surgery is not medically necessary.