

Case Number:	CM15-0125153		
Date Assigned:	07/10/2015	Date of Injury:	05/04/2014
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 30-year-old man sustained an industrial injury on 5/5/2014. The mechanism of injury is not detailed. Diagnoses include right shoulder strain rule out rotator cuff tear, acute lumbar strain, and lumbosacral disc bulges without stenosis or neuroforaminal narrowing. Treatment has included oral medications, physical therapy, and rest. Physician notes on a PR-2 dated 5/25/2015 show complaints of neck pain rated 7/10, low back pain rated 8/10 with radiation down the bilateral lower extremities with numbness, right shoulder, right wrist, and right hand pain rated 7/10. Recommendations include Kera-Tek gel, continue physical therapy, urine drug screen, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

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

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

Decision rationale: This claimant was injured in 2014 with a right shoulder strain; rule out a rotator cuff tear, an acute lumbar strain, and lumbosacral disc bulges without stenosis or neuroforaminal narrowing. Treatment has included oral medications, physical therapy, and rest. There is ongoing neck and back pain, and subjective pain reports in several other body regions. The request is for a urine drug test. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: 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); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of illegal drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.