

Case Number:	CM15-0126868		
Date Assigned:	07/14/2015	Date of Injury:	06/16/2011
Decision Date:	08/10/2015	UR Denial Date:	06/01/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 6/16/11. The injured worker has complaints of left shoulder pain. The documentation noted that there is tenderness when palpating the left shoulder and also radiating down the left side of his back. The documentation noted that the injured workers trapezius and rhomboid muscle spasms. The diagnoses have included left shoulder post-surgical connective tissue repair and left shoulder sprain, strain, left shoulder pain chronic and pain consistent with radicular symptoms from the neck. Treatment to date has included magnetic resonance imaging (MRI) on 1/3/14; naproxen; Flexeril; Protonix and Ultram. The request was for random drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random drug screening: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for left shoulder and neck pain with radicular symptoms. When seen, pain was rated at 8/10. Physical examination findings included increased cervical muscle tone and pain over the left shoulder and trapezius. Medications being prescribed included Tramadol. Urine drug screening in January 2015 had been negative for Tramadol. In this case, the claimant's prior urine drug screening was inconsistent with the Tramadol that was being prescribed at the time of testing. He would be considered at a moderate risk for abuse of opioid medication. Guidelines recommend that patients at moderate risk be tested 2 to 3 times a year. The testing being performed was consistent with the guideline recommendation and was medically necessary.