MAXIMUS Federal Services

Case Number:	CM15-0129402		
Date Assigned:	07/16/2015	Date of Injury:	12/08/2007
Decision Date:	08/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 12/08/2007 when she slipped and fell. The injured worker was diagnosed with right shoulder supraspinatus and infraspinatus calcific tendinitis, lumbar radiculopathy, lumbar spondylolisthesis, depression and anxiety disorder. The injured worker is status post lumbar fusion at L4-5 and L5-S1 in 2005 and right shoulder arthroscopy with rotator cuff repair, subacromial decompression and excision of distal clavicle (no date documented). Treatment to date has included diagnostic testing with recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies on April 24, 2015, surgery, psychological evaluation with follow-up and psychotherapy sessions, multiple lumbar transforaminal epidural steroid injections (ESI), physical therapy for the shoulder and lower back, steroid injections to the right shoulder and medications. According to the primary treating physician's progress report on June 4, 2015, the injured worker continues to experience low back pain with lower extremity symptoms rated at 7/10 on the pain scale, right knee pain at 7/10 and right shoulder pain increasing and rated at 8/10 on the pain scale. Examination demonstrated right shoulder flexion at 90 degrees, abduction at 80 degrees, external rotation at 50 degrees and internal rotation at 40 degrees. There were positive impingement signs, positive Jobe test and atrophy of the right deltoid musculature with right deltoid swelling. The lumbar spine examination demonstrated tenderness with paraspinal muscle spasm. Range of motion was documented at flexion at 50 degrees, extension at 40 degrees, and bilateral lateral tilt at 40 degrees and bilateral rotation at 35 degrees. There was a positive left straight leg raise at 35 degrees producing pain to the foot. There was diminished sensation of the left L4, L5 and S1

dermatomal distribution. The examination of the right knee demonstrated greater medial joint line tenderness than at the lateral joint line. McMurray's was moderately positive with range of motion 0 to 90 degrees. Current medications are listed as Hydrocodone 10mg, Ibuprofen, Cyclobenzaprine, Wellbutrin XL, Xanax, Colace and Omeprazole. Treatment plan consists of extracorporeal shockwave therapy; continue physical therapy for the right shoulder and lumbar spine, right knee magnetic resonance imaging (MRI), follow-up with psychiatrist/psychologist and the current request for a retrospective urine drug screen (DOS: 6/4/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 6/4/15): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 3,Chronic Pain Treatment Guidelines Page(s): 43, 76-77, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there is mention of poor response to prior opioids, depression and no return to work for several months indicating higher risk and suspicion for aberrant behavior. Based on the above references and clinical history a urine toxicology screen is appropriate and medically necessary.