

Case Number:	CM15-0176787		
Date Assigned:	09/17/2015	Date of Injury:	10/19/2013
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old female injured worker suffered an industrial injury on 10-19-2013. The diagnoses included right shoulder impingement. On 6-3-2015 it was noted a urine drug screen was obtained without additional details included. On 7-22-2015 the treating provider reported an inconsistent urine drug test without details that was performed on 7-13-2015. Prior treatments included right shoulder arthroscopy 4-22-2015 and Tramadol. The laboratory results were not included in the medical record. The Utilization Review on 8-10-2015 determined non-certification for Retrospective urine drug screen (DOS: 07/13/2015) qty: 1.00.

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: 07/13/2015) qty: 1.00: Upheld

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

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

Decision rationale: The patient is a 48 year old female with an injury on 10/19/2013. She sustained a right ulna and right tibia fracture. The ulna fracture was treated with a cast. On 10/20/2013 she had a right tibia ORIF. More recently she complained of right shoulder pain and was treated with ASA and Ibuprofen. On 04/17/2015 she had a CBC, urine analysis and a comprehensive metabolic panel and on 04/21/2015 she had right shoulder arthroscopic surgery. She was treated with Norco and Zofran and had a subacromial decompression. There is no history of drug abuse. On 06/08/2015 her medications included Tramadol, Naproxen, and Gabapentin. She had a urine drug screen on 06/03/2015 and another one on 07/13/2015 (the subject of this review). She was not taking high doses of opiates and there was no documentation of drug abuse. ODG recommends urine drug testing within 6 months of starting treatment (with high dose opiates) and then depending on results again every 6 to 12 months. As noted in the previous review she had urine drug testing on 07/13/2015 that was within 45 days of the previous test. For those patients with a significant risk of drug abuse urine testing 2 to 3 times a year is recommended in ODG. This patient has no evidence of drug abuse. The urine drug test on 07/13/2015 was not consistent with ODG and is not medically necessary based on the documentation provided for review.