

Case Number:	CM15-0179190		
Date Assigned:	09/21/2015	Date of Injury:	01/26/2014
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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, North Carolina
 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:

This injured worker is a 42 year old female who reported an industrial injury on 1-26-2014. Her diagnoses, and or impressions, were noted to include: pain in limb; chronic right shoulder rotator cuff syndrome - stable; right shoulder rotator cuff repair, complicated by right elbow fracture; and chronic myofascial pain syndrome - stable. No current imaging studies were noted. Her treatments were noted to include: arthroscopic right shoulder rotator cuff repair surgery on 6-11-2015 with post-operative physical therapy; medication management with toxicology studies (6-8-2015); and rest from work. The progress notes of 7-16-2015 reported: surgery would be on that Thursday; would have the 7-15-2015 qualified medical examination notes; pain in the right shoulder, especially with over-head activity. Objective findings were noted to include: positive right shoulder impingement; decreased sensation in the right hand; decreased range-of-motion in the right shoulder in all planes; decreased strength in the right shoulder; and positive swelling in the right shoulder. The physician's requests for treatments were noted to include a urine screen. The Request for Authorization, dated 8-4-2015, was noted to include a urine drug screen. The Utilization Review of 9-1-2015 non-certified the request for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS Guidelines supports drug testing as an option using a urine drug screen (UDS) to assess for the use or presence of illegal drugs. In this case, the patient has had 5 negative or consistent UDS/toxicology studies over the past 12 months (10/16/14, 01/06/15, 02/05/15, 06/09/15 and 08/09/15). The request is now for a UDS (dated 08/04/15). The medical records do not indicate that the patient has been stratified for risk, however in view of the previous five negative UDS/toxicology findings, she appears to be low risk. In fact, she does not appear to be taking her prescribed medications, including the opioids, raising questions of compliance. There is no evidence of aberrant behavior. There is no rationale for UDS on a more frequent basis than every 12 months at this time. Therefore, the current request for a UDS is not medically necessary or appropriate at this time.