

Case Number:	CM15-0061393		
Date Assigned:	04/07/2015	Date of Injury:	11/15/2011
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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

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 64-year-old male, who sustained an industrial injury on 11/15/2011. The details of the initial injury were not submitted for this review. Diagnoses include rotator cuff tear in left shoulder, chronic myofascial pain syndrome, bilateral carpal tunnel syndrome, epicondylitis, and NSAID induced gastritis and right shoulder partial thickness tear. Treatments to date include medication therapy, home exercises, aquatic therapy, and trigger point injections. Currently, he complained of constant pain in left shoulder, neck, upper and lower back associated with numbness in the hands. On 1/6/15, the physical examination documented decreased range of motion in cervical and lumbar spine, multiple focal tender points and muscle spasms. The plan of care included urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen for symptoms related to Left Shoulder and Left Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM: Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examination and Consultations, page 127. Official Disability Guidelines (ODG) www.odg-twc.com, Section, pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. If a patient is deemed low risk, Official Disability Guidelines state that 1-2 times per year is appropriate. Within the documentation available for review, it does not appear that the provider has recently performed a toxicology test. The records indicate that tramadol use has been present since as early as 2013. Although it is ideal to perform risk stratification to determine the appropriate interval, since there has not been any recent screening it is appropriate at this time. The currently requested urine toxicology test is medically necessary.