

Case Number:	CM15-0067921		
Date Assigned:	04/15/2015	Date of Injury:	05/28/2013
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 58 year old woman sustained an industrial injury on 5/28/2013. The mechanism of injury is not detailed. Diagnoses include right shoulder sprain, right greater tuberosity of the humerus fracture, right medial epicondylitis, and right hip sprain. Treatment has included oral medications. Physician notes dated 1/28/2015 show complaints of right shoulder and elbow pain as well as right hip pain rated 6/10. Recommendations include urine toxicology screen, refill Norco, GLFCMK cream, continue home exercise program, awaiting QME report, and follow up in four to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This injured worker has been treated for chronic shoulder and lateral hip pain since the date of injury 05/28/2013. The injury was the result of a fall from a 6 foot ladder used in her employment as a cherry picker. This review addresses a request for a urine toxicology screen test. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The documentation actually states that the patient is compliant with the medications and the treatment plan. The urine drug screen is not medically indicated.