

Case Number:	CM15-0067954		
Date Assigned:	04/15/2015	Date of Injury:	04/15/2013
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 40 year old, female who sustained a work related injury on 4/15/13. The diagnoses have included left shoulder sprain, left shoulder impingement syndrome and lumbar disc displacement without myelopathy. The treatment has included medications, physical therapy, MRIs, and left shoulder injections. In the PR-2 dated 2/7/15, the injured worker complains of headache, left shoulder, lumbar and left knee pain. She rates the pain a 7/10. The pain at best is a 4/10 and at worst an 8/10. The treatment plan is for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: One urine drug toxicology is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Although the documentation in April 2015 indicates that the patient was prescribed Tramadol, it is unclear from the documentation that when the request for a urine drug toxicology was requested on 2/7/15 that the patient was on any opioids or controlled substances. Furthermore, the documentation is not clear on how many prior urine drug screens that patient has had. There is also no evidence of illicit substance abuse or aberrant behavior on the documentation submitted. Without clarification of this information the request for one urine drug toxicology is not medically necessary.