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| Case Number: | CM15-0071971 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 08/05/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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 Jersey

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:

The injured worker is a 38-year-old female with an industrial injury dated August 5, 2013. The injured worker diagnoses include right shoulder acromioclavicular osteoarthopathy; rule out rotator cuff pathology of right shoulder, and cervical myofascial pain; rule out cervical disc injury/radiculopathy. She has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 2/02/2015, the injured worker reported right shoulder pain and right cervical pain with upper extremity symptoms. The injured worker also reported that medication facilitates improved activity and function. The injured worker rated pain a 6/10. Objective findings revealed tenderness of the right shoulder, positive impingement sign, positive Jobe test and atrophy of the right deltoid musculature. Cervical exam was essentially unchanged with limited range of motion. The treating physician prescribed a retrospective request for date of service 12/29/14 for toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/29/14) Toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, a request for toxicology screen testing performed on 12/29/14 was made based on her chronic use of opioids. However, no prior abnormal testing, no current abnormal behavior, or frank misuse of medications suggested a more solid basis for performing this drug-screening test. Therefore, the request for the toxicology screen will be considered medically unnecessary.