

Case Number:	CM15-0077860		
Date Assigned:	04/29/2015	Date of Injury:	11/30/2012
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on 11/30/2012. She reported injury from lifting a heavy trash can. The injured worker was diagnosed as status post right shoulder arthroscopy, right shoulder rotator cuff tear, acromioclavicular arthritis and right mild carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/13/2015, the injured worker complains of post-operative right shoulder pain. The treating physician is requesting approval for a retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 94.

Decision rationale: Guidelines state that frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. In this case, the patient is not taking opiates. The request for urine drug toxicology screen is not medically appropriate and necessary.