

<b>Case Number:</b>	CM15-0078768		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: 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 9/20/10. She reported pain in left shoulder and left pain. The injured worker was diagnosed left shoulder impingement and superior labial tear. Treatment to date has included home exercise program, L5-S1 epidural steroid injections and oral medications including opioids. Medications listed are Tramadol, Mentherm and Neurontin. As per Utilization Report, a Urine Drug Screen was reportedly approved on 2/2/15. Currently, the injured worker complains of constant left shoulder pain with aches and sharp stabbing pain. Physical exam performed on 12/19/14 noted tenderness to palpation of left shoulder at AC joint line, left shoulder impingement and diminished range of motion of left shoulder. The treatment plan included follow up exam.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS approved on 2/2/15 but no results were provided and it is unclear if it was done. Without any evidence of high, risk for abuse or abnormal UDS, Urine Drug Screen is not medically necessary.

**Return to clinic exam in 4-6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Follow up exams.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. The provider requesting follow-up visit in clinic is the secondary treating physician and specialty is classified as "General Medicine". Documentation is very poor from the requesting provider. It is unclear why the patient is seeing this provider since the patient does not have any medical problems besides the work related injuries. The primary treating provider appears to be a chiropractor therefore it may be assumed that this secondary provider is managing the patient's pain medications. However, the lack of documentation from the primary treating provider and the secondary treating physician does not support a follow-up in clinic for unjustified reason. This request is not medically necessary.