

Case Number:	CM15-0096566		
Date Assigned:	05/26/2015	Date of Injury:	08/23/2005
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 was a 41 year old male, who sustained an industrial injury, August 23, 2005. The injured worker previously received the following treatments left shoulder arthroscopic surgery on September 30, 2014, Cyclobenzaprine, Norco, topical anti-inflammatory cream, shoulder immobilizer, Gabapentin, compound cream, Orphenadrine with caffeine, Omeprazole, Keratek gel, random toxicology laboratory study of March 10, 2015 was negative for any unexpected findings and lumbar spine MRI. The injured worker was diagnosed with disorders of bursa and tendons in shoulder region with palpation and range of motion, rotator cuff syndrome and lumbar disc displacement. According to progress note of April 1, 2015, the injured workers chief complaint was bilateral shoulder pain and stiffness. The bilateral hips and lumbar back pain remain symptomatic. The injured worker remained in moderate distress. The physical exam noted tenderness in the bilateral shoulders, bilateral hips and low back. The left and right shoulders and bilateral humerus x-rays showed no progression of degenerative changes. The treatment plan included a urine toxicology screen.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Urine drug testing.

Decision rationale: The patient presents diagnosed with disorders of bursa and tendons in shoulder region with palpation and range of motion, rotator cuff syndrome and lumbar disc displacement. The patient's chief complaint was of bilateral shoulder pain and stiffness. The current request is for Urine toxicology screen. Based upon the clinical history that patient is either currently medicating with or has recently medicated with the following: Cyclobenzaprine, Norco, topical anti-inflammatory cream, Gabapentin, compound cream, Orphenadrine with caffeine, Omeprazole and Keratek gel. The treating physician states on 4/1/15 (94B) "I am also requesting authorization for the patient to be administered a urine toxicology screening to check the efficacy of the prescribed medications." ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." In this case, the treating physician has not documented the patients risk stratification, which would dictate the patients risk level and in turn, the frequency with which testing should be done. The patient has completed drug screenings in September and November of 2014. Additionally, the patient has completed a recent drug screening in March of 2015. All three completed tests revealed results consistent with the patients prescribed medications. Given that the patient has not been deemed high risk, the addition of a fourth test in the last 12 months is not medically necessary and the recommendation is for denial.