

Case Number:	CM15-0099775		
Date Assigned:	06/02/2015	Date of Injury:	03/25/2013
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 60 year old male who sustained an industrial injury on 03/25/2013. He reported a repetitive movement injury to his neck, right shoulder, and right upper extremity. The injured worker was diagnosed as status post right arthroscopic subacromial decompression 08/25/2014, and cervical pain with upper extremity symptoms. Treatment to date has included arthroscopic surgery right shoulder, physical therapy, and medications, and use of a transcutaneous electrical nerve stimulation (TENS) unit with pain management. Currently, the injured worker complains of right shoulder pain that is a 7/10, compensatory left shoulder pain that is a 6/10 with right greater than left upper extremity symptoms. On examination the IW has tenderness to the anterior aspect and at acrominium of right shoulder with no sign of infection. The arthroscopic portals are well healed. His cervical range of motion is decreased with spasm of the cervical trapezius/deltoid. Toxicology screen results reviewed with patient on 12/01/2014. The treatment plan of care is to continue medication including hydrocodone twice daily as needed for severe pain and break through pain. Other medications include Naproxen, Pantoprazole, and Cyclobenzaprine. A retrospective request for authorization of a drug screen date of services 1/12/15 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen - date of services 1/12/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the upper back, arms, and right shoulder. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for drug screen testing for the date of service 01/12/2015 is medically necessary.