

Case Number:	CM14-0148484		
Date Assigned:	09/18/2014	Date of Injury:	10/18/2011
Decision Date:	10/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 48 year old female who was injured on 10/19/2011 while lifting a patient and sustained an injury to the right shoulder and low back. She underwent right rotator cuff repair and SLAP lesion on 09/04/2012. Prior treatment history has included physical therapy, Metformin, Glipizide, Lisinopril, Tylenol with Codeine, and Naproxen. Progress report dated 01/26/2014 revealed positive detection for Codeine as expected and is consistent with medication management. Toxicology screening dated 05/01/2014 did not detect Codeine. Progress report dated 05/01/2014 states the patient complained of muscles spasms in the right shoulder and neck. She reported numbness and tingling in her fingers. Objective findings on exam revealed back AROM is limited in flexion and right shoulder range of motion is limited as well. The patient is diagnosed with low back pain, neck pain, and shoulder pain. She was recommended to continue medication management and obtain a urinalysis but did not list medications she is taking as of this date. Prior utilization review dated 08/12/2014 states the request for Urine toxicology screen (1 every 3 months) is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen (1 every 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary - Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003578.htm>

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. Some of the notes were handwritten and illegible. It is unclear when the last UDS was and what the results were from that test. The patient is not identified as high risk and therefore does not require screening every 3 months. The notes did not justify screening outside of current guidelines for this patient. Based on the guidelines and criteria, urine toxicology screen is not medically necessary.