

<b>Case Number:</b>	CM13-0062639		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/08/2003
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 52 year old female status post injury 5/26/04. Within the documentation available for review she was most recently evaluated on 5/28/13 by [REDACTED], Physical Medicine & Rehabilitation, with subjective complaints of aching pain 3/10 in severity lasting 1/3 of the day, exacerbated by carrying, cold, stress, and weather changes, relieved by heat, massage, medicines and ice, difficulty sleeping due to pain, and the feeling that relationships with other people have been affected by her pain due to stress. She is unable to tolerate sitting, standing or walking for longer than 25 minutes. Objective findings included left shoulder crepitus, Hawkin's test and Speed's test positive bilateral shoulders, left shoulder flexion power 4/5. Diagnoses include frozen shoulder, bicipital tenosynovitis, rotator cuff syndrome, bursitis, and shoulder strain. Treatments have included medications (Flexeril 10mg, Norco 10mg, and Diclofenac Sod ER 100mg) conservative treatment modalities and self-directed at-home exercise program which help. The disputed issue is drug screen 7 panel for which there is no documented medical necessity or rationale within the evidence available for review. The patient underwent urine drug screening on 10/08/13 testing positive for hydrocodone, hydromorphone and norhydrocodone, testing negative for barbiturates, benzodiazepines, methadone, propoxyphene, and tri-cyclic antidepressants. Drug screening on 8/5/13 was positive for hydrocodone and hydromorphone, testing negative for barbiturates, benzodiazepines, methadone, propoxyphene, and tri-cyclic antidepressants. The patient underwent urine drug screening on 6/12/13 testing positive for benzodiazepines, hydrocodone, and hydromorphone, in addition to testing negative for barbiturates, methadone, and propoxyphene. Drug screening 4/15/13 tested positive for amitriptyline, nortriptyline, hydrocodone, hydromorphone and benzodiazepines, testing negative for barbiturates, methadone, propoxyphene, tri-cyclic antidepressants. Drug screening 2/28/13 tested positive for hydrocodone and hydromorphone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**drug screen 7 panel:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=3820&text=drug%20screening>.

**Decision rationale:** Opioids is Recommended for Chronic Chronic Pain (Limited Evidence (C)) Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. (Wiedemer 07, Michna 07) Indications: All patients on chronic opioids for chronic pain. Frequency / Dose: Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications and selling medications). Standard urine drug/toxicology screening processes should be followed (consult a qualified medical review officer). (Auerbach 07) The records indicate that the patient had the drug screen 4 times which is within the limit of the recommendations.