

<b>Case Number:</b>	CM13-0062802		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation 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 a 64 year old male who was injured on 05/15/2011 while he was lifting a big slab of meat. He went to swing it and he threw it on a cart, fell and injured his right shoulder. In addition, he injured his neck as well as low back. Prior treatment history has included physical therapy and medications including Norco 10/325 mg, omeprazole, Laxacin (Docusate sodium/Senna). The patient underwent right shoulder open rotator cuff repair. Comprehensive drug analysis dated 07/08/2013 detected Hydrocodone, hydromorphone, and acetaminophen. Drug screen dated 09/24/2013 detected Hydrocodone, hydromorphone, acetaminophen, and Norhydrocodone. PR2 dated 01/29/2014 indicated the patient presented with complaints of neck pain, low back and leg pain. Objective findings on exam revealed the patient had flexion of his neck to 70 degrees and 70 degrees of extension; deltoid 5/5; biceps 5/5; wrist flexors and extensors 5/5. Examination of the low back revealed spasms. The patient had 40 degrees of flexion and 10 degrees of extension; Straight leg raise was positive on the right side, negative on the left. There was atrophy of the right thigh. There was diminished patellar reflex. The patient was diagnosed with post laminectomy syndrome and cervical radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN (RETROSPECTIVE) WITH A DATE OF SERVICE OF 9/24/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines APG I Plus, 2010, Chapter Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, this patient had prior urine drug screen done on 07/08/2013 and there is documentation that the patient is compliant with his medications and has no addiction or aberrant behavior. Thus, the request for another urine drug screen within 3 months period is not medically necessary.