

<b>Case Number:</b>	CM13-0065203		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Occupational 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 a 55-year-old male/female who was injured on 12/15/2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy and lumbar epidural steroid injection on 10/05/2010, 11/04/2011. The patient also underwent transforaminal nerve root injection at left L4-L5 and L5-S1 on 10/31/2012. On 05/29/1996 the patient underwent a right shoulder operative arthroscopy and subacromial decompression. On 08/03/2012 he underwent diagnostic right shoulder arthroscopy with partial debridement of articular sided partial rotator cuff tear with subacromial decompression with acromioplasty. Medications include Lodine, Flexeril and Robaxin. Diagnostic studies reviewed include a urine drug screen dated 10/03/2013 showing that prescribed medication Cyclobenzaprine was not detected. On 06/10/2013 a urine drug screen showed Cyclobenzaprine detected as prescribed. A PR-2 dated 11/07/2013 documented the patient to have complaints of pain that affects his right shoulder. He reports improvement in his pain level from 7/10 to 4-5/10 after taking medications. Objective findings on exam included examination of the lumbar spine, which revealed limited range of motion. There was tenderness to palpation and hypertonicity noted over the paraspinal muscles bilaterally. Kemp's test was positive bilaterally. Examination of the right shoulder revealed limited range of motion with flexion at 160 degrees, abduction 150 degrees and internal rotation at 60 degrees. Neer's impingement and Hawkin's impingement tests were positive. Diagnoses include left shoulder partial rotator cuff tear and superior labral tear impingement, near full thickness and right shoulder rotator cuff tear, lumbar disc protrusion at L4-L5 (4 mm) and L5-S1 (3 mm), lumbar disc herniation, and 4 mm of lower extremity radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Ongoing Monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section on Urine Drug Testing.

**Decision rationale:** This is a request for urine drug screen. However, one was done approximately 6 weeks prior to the request. The ODG recommends drug screens on a yearly basis if the patient is at low risk of abuse or aberrant behavior, which the patient appears to be. The request is not medically necessary and appropriate.