

<b>Case Number:</b>	CM14-0000141		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 8, 2012. A utilization review determination dated December 23, 2013 recommends modification of 4 quarterly urine drug screens to 1 urine drug screen between 12/6/2013 and 2/17/2014. The previous reviewing physician recommended modification of 4 quarterly urine drug screens to 1 urine drug screen between 12/6/2013 and 2/17/2014 due to the patient's last urinalysis done in May and further request for urinalysis outside of the time frame recommended by evidence based guidelines must include clinical rationale. A Progress Report dated December 6, 2013 identifies Subjective Complaints of current flare to her right shoulder. Objective findings identify tenderness in the right shoulder with marked decreased range of motion. Diagnoses identify right shoulder dominant sprain, strain, and severe and right shoulder degenerative joint disease. Treatment Plan identifies continue medications, random drug screens to be done quarterly (x's 4) to monitor patient's medication intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 QUARTERLY URINE DRUG SCREENS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s) 76-79 and 99 of 127. Non-MTUS: Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for 4 quarterly urine drug screens, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is mention of treatment with opioids. However, there is no indication of the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Additionally, there is no indication that the patient is at a high risk. In the absence of such documentation, the currently requested 4 quarterly urine drug screens are not medically necessary.