

<b>Case Number:</b>	CM14-0101876		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on September 27, 2012. The mechanism of injury was not provided within the medical records. The clinical note dated April 15, 2014 indicated diagnoses of cervical sprain/strain, right shoulder posttraumatic arthrosis of the acromioclavicular joint with partial or complete tear of the rotator cuff, right knee medial meniscus tear and lateral meniscus tear plus osteoarthritis of the right knee, anxiety, insomnia, morbid obesity with 120-pound excess, status post arthroscopic subacromial decompression and partial distal claviclectomy and open repair of the rotator cuff, and lumbar sprain/strain secondary to bad biomechanics from use of shoulder brace. The injured worker reported he is now 4 weeks post right knee arthroscopic surgery. The injured worker reported he was doing well; however, he was not working yet. The injured worker reported he had attended pool therapy 2 times a week and land therapy once a week. The injured worker reported he had been taking phentermine 37.5 mg for weight loss; however, he did not feel the effect and did not lose weight. He had been taking Prilosec 20 mg twice a day, fluoxetine 20 mg daily, butalbital for headaches as needed, and tramadol 150 mg as needed. The injured worker reported he used topical creams of Ketoprofen, gabapentin, and tramadol. The treatment plan is to renew his medications and perform a urine toxicology test and for the injured worker to followup in 6 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included phentermine, fluoxetine, Prilosec, butalbital, tramadol, and topical creams. The provider submitted a request for a urine drug screen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, it was not indicated when the injured worker's last urine drug screen was performed. Therefore, the request for urine drug screen is not medically necessary.