

<b>Case Number:</b>	CM14-0101995		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/04/2014
<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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old male was reportedly injured on 6/16/2010. The mechanism of injury is not listed. The claimant underwent right shoulder arthroscopic surgery on 6/7/2013. The most recent progress notes dated 2/6/2014, 4/3/2014 and 4/28/2014, indicates that there are ongoing complaints of shoulder pain; and the last progress note documented occasional achiness and soreness after working out. The physical examination of the right shoulder demonstrated well-healed arthroscopic portals, forward flexion and abduction 175, internal rotation to T8, and manual muscle testing is 5/5 in all planes. Urine toxicology dated 5/13/2014 was negative. MRI cervical and lumbar spine dated 1/7/2014 was normal. Previous treatment includes right shoulder surgery, physical therapy, home exercise program, icing and anti-inflammatories. A request had been made for urine drug screen, which was not certified in the utilization review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), Page 10, 32, 33, <https://sso.state.mi.us>.

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

**Decision rationale:** The MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Review of the available medical records, fails to document that the claimant is currently taking or has been recently prescribed narcotics. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.