

<b>Case Number:</b>	CM14-0102258		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on January 15, 2008. At an orthopedic re-evaluation on January 16, 2014 he was complaining of worsening symptoms involving his right shoulder and right knee. His diagnoses included status post right shoulder arthroscopic rotator cuff repair on September 21, 2009 with probable re-tear of the rotator cuff, status post right knee arthroscopy performed in April 2008 with residual tri-compartmental osteoarthritis and patellofemoral arthralgia, history of right distal radius fracture with attendant flexor and extensor tenosynovitis, and DeQuervains tenosynovitis and probable carpal tunnel syndrome, thoracic musculoligamentous sprain/strain, and electrodiagnostic testing evidence of diabetic peripheral neuropathy. Right shoulder and right knee arthroplasties were recommended. However given his overall health, he decided not to proceed with that. On February 2, 2014 he was prescribed Norco 10/325 one to 2 by mouth every day when necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen # 1 on 4/3/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

**Decision rationale:** Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case there is no indication in the record for the purpose of the urine drug screen. Opioid treatment had already been initiated 2 months prior and there is no indication that there were issues of abuse, addiction or poor pain control. There is also no documentation to indicate whether or not there was any plan to continue to prescribe opiates.