

<b>Case Number:</b>	CM14-0011248		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 37-year-old female who reported an injury on 04/27/2013. The mechanism of injury was not provided. The clinical note dated 08/27/2013 noted the injured worker presented with bilateral shoulder pain, the left worse than the right. Upon examination, there was a positive impingement sign for the bilateral shoulders. The diagnoses were sprain of other specified sites of the shoulder and upper arm and disorders of bursae and tendons in shoulder region, unspecified. There was no documentation regarding current or prior treatment. The provider recommended a urine drug screen performed on 12/05/2013; the rationale was not included. The request for authorization was not included in the documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS (URINE DRUG SCREEN) PERFORMED 12/05/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for UDS (Urine Drug Screen), performed 12/05/13 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines

recommend a urine drug screen test as an option to test for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. 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. There is no documentation indicating when the last urine drug screen was performed and there is also no evidence of opioid use. As such, the request for UDS (Urine Drug Screen), performed 12/05/13 is non-certified.