

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0011472 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 05/17/2012 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <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 Occupational Medicine 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:

The patient is a 39-year-old female who has submitted a claim for cervical disc syndrome, right rotator cuff syndrome, right shoulder impingement syndrome, right carpal tunnel syndrome, and right de Quervain's disease; associated with an industrial injury date of 05/17/2012. Medical records from 07/02/2013 to 12/17/2013 were reviewed and showed that patient complained of neck, right shoulder, and right wrist pain, graded 6/10. Physical examination of the right shoulder showed tenderness over the right rotator cuff muscles. Range of motion of the right shoulder and cervical spine was limited. Neer's and Hawkins-Kennedy tests were positive on the right shoulder. DTRs were normal. Motor testing showed weakness of the right shoulder abductors and flexors. Sensation was intact. Treatment to date has included medications, physical therapy, acupuncture, and subacromial cortisone injection. Utilization review, dated 01/15/2014, denied the request for urine drug screening because there was no documentation of the patient being on any opioid medications, nor was there indication to want to start her on opioid therapy. It was not noted when/if previous testing had been done or question of misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREENING (UDS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 89, 94.

**Decision rationale:** As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of neck, right shoulder, and right wrist pain despite oral analgesics, muscle relaxants, and physical therapy. However, the medical records submitted for review showed no documentation of current treatment with opioids. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for URINE DRUG SCREENING (UDS) is not medically necessary.