

<b>Case Number:</b>	CM14-0154145		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 injured worker is a 48-year-old female who reported an injury on 06/08/2007. The mechanism of injury involved heavy lifting. Previous conservative treatment is noted to include acupuncture, medications, trigger point injections, and cervical epidural steroid injections. The injured worker is currently diagnosed with chronic right shoulder pain and disability. It is noted that the injured worker is status post multiple shoulder surgeries for the rotator cuff. The injured worker was evaluated on 08/28/2014. The injured worker reported an improvement in symptoms with acupuncture treatment. The current medication regimen includes Norco, ibuprofen, and Flexeril. The physical examination revealed limited range of motion of the right shoulder with an inability to reach overhead, as well as decreased grip strength. Treatment recommendations at that time included a random urine drug screen and authorization for massage therapy. There was no Request for Authorization form submitted for this 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the medical necessity for repeat testing has not been established. Therefore, the current request is not medically appropriate.