

<b>Case Number:</b>	CM14-0157680		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Interventional Spine 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 58-year-old male with date of injury of 02/21/2008. The listed diagnoses per [REDACTED] from 08/22/2014 are: Bilateral shoulder periscapular strain with tendinitis, bursitis, and impingement, Right shoulder acromioclavicular degenerative joint disease, Status post right shoulder arthroscopy performed on 03/24/2010, and MR arthrogram of the left shoulder dated 08/22/2013 revealing full-thickness tear of the supraspinatus tendon, bicep tenosynovitis versus tear, labral changes, and acromioclavicular joint degenerative changes. According to this report, the patient complains of constant pain in the left shoulder with limited range of motion and weakness. The examination of the left shoulder reveals tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular joint greater than periscapular musculature and trapezius muscles. Impingement test and cross-arm test are positive. There is a grade 4/5 weakness in all planes. The utilization review denied the request on 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 random urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criterial for Use of Urine Drug Testing.

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

**Decision rationale:** This patient presents with left shoulder pain. The patient is status post right shoulder arthroscopy from 03/24/2010. The treater is requesting a urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records show 2 urine drug screens, one from 03/14/2014 and 08/22/2014. It appears that the treater is requesting a decision for the UDS performed on 08/22/2014. The patient currently takes Norco. The 03/14/2014 UDS report shows consistent results with the prescribed medications. The treater does not provide opiate risk assessment for this patient to determine how often UDS are to be obtained. Therefore, once yearly on random basis would be reasonable given the patient's opiate intake. Once a year on a random basis can result in two UDS's in a row. In this case, the patient's last UDS was from 3/14/14 and repeat one on 8/22/14 would appear reasonable. Recommendation is for authorization.