

<b>Case Number:</b>	CM14-0021791		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 51-year-old male who has submitted a claim for cervical disc syndrome, bilateral shoulder rotator cuff syndrome, right shoulder rotator cuff partial tear, bilateral wrist carpal tunnel syndrome, biceps tendon rupture, lumbar spine spondylosis, bilateral knee osteoarthritis, and medial meniscal tear; associated with an industrial injury date of 03/02/2012. Medical records from 2013 were reviewed and showed that patient complained of neck pain, graded 8-9/10, right shoulder pain, graded 9/10, left shoulder pain, graded 7/10, bilateral wrist pain, graded 8/10, low back pain, graded 9/10, right knee pain, graded 9/10, and left knee pain, graded 8/10. Physical examination showed that range of motion of the upper and lower extremities was limited by pain. Impingement, Neer's, Hawkin's, and empty can tests were positive on the right shoulder. Motor testing showed weakness of the right upper and left lower extremities. Treatment to date has included medications, physical therapy, and bilateral knee lateral and medial meniscal tear repair (08/2013). Utilization review, dated 02/07/2014, denied the request for urine drug screening because current medications do not include an opioid, and there was no extenuating circumstances or psychiatric disorders that warrant urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG TOXICOLOGY RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 toxicology right shoulder is not medically necessary.