

<b>Case Number:</b>	CM14-0024091		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 28-year-old female who was injured on December 22, 2012. The patient continued to experience pain in her right shoulder. Physical examination was notable for positive impingement sign in the right shoulder. Diagnoses included right elbow strain, right wrist strain/sprain, right hand strain/sprain, right shoulder sprain/strain, and cervical sprain/strain. Treatment included activity modification, physical therapy, and medications. Request for authorization for toxicology urine screen on October 2013 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE TOXICOLOGY-URINE DRUG SCREEN COLLECTED 10/16/13:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being

treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation that the patient had exhibited addictive or aberrant behavior. The patient submitted urine for drug testing in September 2013 and November 2013. The patient is at low risk for addiction/aberrant behavior. Urine drug testing is not indicated this frequently in this patient. The request is not medically necessary.