

<b>Case Number:</b>	CM14-0033048		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal Medicine and Pulmonary Diseases 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 51-year-old male who reported an injury on 02/26/2002. The mechanism of injury was not provided in the clinical documentation. The clinical note dated 11/20/2013 reported that the injured worker complained of difficulty with inspiration. The injured worker also complained of shortness of breath along with aching and pain in the right shoulder. The injured worker rated the pain 6/10. The injured worker complained of low back pain, which was stabbing in nature and rated the pain a 6-7/10. The injured worker was prescribed tramadol, Lyrica and omeprazole which are helping reduce the symptoms. The physical exam noted that the right shoulder range of motion was to 90 degrees abduction and forward flexion at 120 degrees. The provider noted reduced motion and pain with tenderness to the thoracolumbar region. The provider requested a urine drug screen. The request for authorization was not provided.

### 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 Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN PROCEDURES SUMMARY, URINE DRUG TESTING (UDT).

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

**Decision rationale:** The injured worker complained of difficulty with inspiration. The injured worker also complained of shortness of breath along with aching and pain in the right shoulder. The injured worker rated the pain 6/10. The injured worker complained of low back pain, which was stabbing in nature and rated the pain a 6-7/10. The injured worker was prescribed tramadol, lyrica and omeprazole which are helping reduce the symptoms. The Chronic Pain Guidelines recommend urine drug screens as an option, using a urine drug screen to assess for the use of the presence of illegal drugs. The injured worker underwent a urine drug screen on 10/23/2013, which was congruent with the prescribed medication regimen. Therefore, the frequency of the urine drug screen would not be congruent with the guideline recommendations as it did not appear the injured worker is at risk for medications misuse. Therefore, the request for a urine drug screen is not medically necessary.