

<b>Case Number:</b>	CM14-0035926		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 37-year-old woman with a date of injury of 09/12/2013. Office visit notes by [REDACTED] dated 11/26/2013 and 12/10/2013 identified the mechanism of injury as a keg was dropped, and the worker tried to stop it from falling. Office visit notes by [REDACTED] dated 11/26/2013, 12/10/2013, 12/24/2013, and 01/23/2014 indicated the worker was experiencing right shoulder pain and had developed numbness into the right fourth and fifth fingers. Documented examinations described decreased motion in the right shoulder and neck joints, tenderness in the neck and shoulder muscles, and spasm in the muscles of the neck and upper back. The reviewed notes concluded the worker was suffering from right shoulder pain due to the injury of two shoulder tendons and a shoulder labral tear. Treatment included an opioid medication, a non-steroidal anti-inflammatory (NSAID) medication, acetaminophen, a muscle relaxant medication, a medication to protect against forming ulcers in the gut, physical therapy, and consultations with specialists. Urinary drug screen testing results dated 12/10/2013 and 01/23/2014 were submitted and reviewed. An interpretive report by [REDACTED] dated 12/30/2013 described the drug screen testing results collected on 12/10/2013 as being inconsistent with the prescribed medications but did not indicate in what way. The results provided appeared to be consistent with the plan documented at the prior office visit. The subsequent documentation reported two controlled medications were continued without changes, and there was no documentation of additional assessment or discussion with the worker about inconsistent urinary drug screen testing results. A Utilization Review decision by [REDACTED] was rendered on 03/06/2014 recommending non-certification for urinary drug screen testing on 01/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREENING ON DATE OF SERVICE 01/23/14:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of these medications and/or addiction. The treatment plans documented by [REDACTED] in his office visit notes dated 11/26/2013, 12/10/2013, 12/24/2013, and 01/23/2014 indicated the worker was being prescribed at least two controlled medications, an opioid and a muscle relaxant. An interpretive report by [REDACTED] dated 12/30/2013 described the drug screen testing results collected on 12/10/2013 as being inconsistent, although the nature of the inconsistency was not clearly stated. Based on the submitted and reviewed documentation, the current request for urine drug screen testing on 01/23/2014 is medically necessary.