

<b>Case Number:</b>	CM14-0039488		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 claimant was injured on 01/10/13 and a urine drug screen is under review. He sustained injuries to his low back and right shoulder and was diagnosed with sprains and shoulder impingement. He saw [REDACTED] on 09/04/13. He had returned to regular work. He complained of intermittent shoulder pain radiating to the right arm and hand that increased with activity. It varied during the day but he reported level 7/10 pain. He had intermittent 7/10 pain in the low back. He was taking over-the-counter medication as needed. He was diagnosed with a rotator cuff tear and an MRI was ordered. A drug screen was done and no drugs were detected. He was seen again on 10/31/13. MRI revealed an overhanging acromion and some degenerative changes of the labrum but no acute tear. He was not taking any pain medications. He was to continue his current pain medications which are not listed. On 12/05/13, he reported taking Advil for pain control. He had ongoing intermittent pain. An MRI of the low back was ordered. On 02/07/14, he saw [REDACTED] and was still taking over-the-counter Advil. His diagnoses were the same. Physical therapy and acupuncture and an initial functional capacity evaluation (FCE) were ordered. A urine toxicology screen was ordered. He was prescribed Tramcap C and Diflurb topical medications. He attended acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TESTING Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for a urine toxicology test. The MTUS state drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, with only ibuprofen use documented and no other medications that require compliance monitoring, there is also no evidence of symptoms of the use of illegal drugs or history of noncompliance with prescribed medications. The medical necessity of a urine drug test has not been demonstrated. It is not clear how the results of this test would be likely to change the claimant's course of treatment. The medical necessity of a urine toxicology screen in the absence of possible noncompliance or abuse has not been demonstrated. Therefore the request for urine drug screening is not medically necessary or appropriate.