

<b>Case Number:</b>	CM14-0041135		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine and Rehabilitation & Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 01/27/2000 due to an unknown mechanism. Diagnoses were displacement, cervical intervertebral disc without myelopathy; opioid type dependence continuous; brachial neuritis or radiculitis; lesion of ulnar nerve; osteoarthritis, unspecified whether general/local unspecified site; rotator cuff syndrome, shoulder; allied medial epicondylitis of elbow; other afflictions of shoulder region; primary localized osteoarthritis, other specified sites; reflex sympathetic dystrophy of the upper limb; unspecified myalgia and myositis; migraine with aura; cervical spondylosis without myelopathy; thoracic/lumbosacral neuritis/radiculitis, unspecified; displacement lumbar intervertebral disc without myelopathy; unspecified disorders bursae and tendons, shoulder region. Past treatments were physical therapy, cortisone injection to the right shoulder, and IM injection of Decadron. Diagnostic studies were x-rays, MRI of the cervical spine. Surgeries were right carpal tunnel release, 2 cervical spine surgeries, thyroidectomy. The injured worker had a physical examination on 03/11/2014 with complaints of pain in the spine, head, shoulders, and wrist. The injured worker rated her pain at a 10/10 on a pain scale. The injured worker depended on others for activities of daily living which caused frustration. Range of motion for the shoulders: the right shoulder flexion was to 95 degrees, abduction was to 90 degrees; left shoulder flexion was to 180 degrees, abduction was to 180 degrees. There was a positive impingement on the right shoulder, positive Spurling's test. Dystrophic changes to the right hand with flexion pattern. Right hand and digits with hypertonicity pain. There was pain with palpation to right medial epicondyle. Right elbow flexion contracture of 20 degrees. Medications were levothyroxine, Imitrex, Medrol Dosepak, OxyContin 20 mg, Percocet 10/325 mg, Restoril 15 mg, Topamax 100 mg, Valium 10 mg, Zofran 4 mg, and Midrin. Treatment plan was to continue medications as

prescribed, also to continue active range of motion and stretching daily. The rationale and Request for Authorization were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Random Urine Drug Screen x3 in a 12 month period:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids, Criteria for use of opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for use of Urine Drug Testing.

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

**Decision rationale:** The request for random urine drug screen times 3 in a 12 month period is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. There were no reports of aberrant drug taking habits. The injured worker's previous urine toxicology screens were compliant with the medications. The medical necessity for the request was not submitted. Therefore, the request is not medically necessary.