

<b>Case Number:</b>	CM14-0042114		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 28-year-old female who reported an injury to her neck and right shoulder. Agreed medical examination dated 08/20/13 indicated the injured worker stated the initial injury occurred on 09/26/11 while attempting to secure a freight elevator with horizontally oriented doors and when pulling the doors closed, the injured worker felt an immediate onset of pain in the neck and shoulders. A clinical note dated 04/02/14 indicated the injured worker complaining of 3/10 pain on the visual analog scale at the cervical spine and lumbar spine and right shoulder. The injured worker reported difficulty raising her arms over her head. The injured worker utilized Cyclobenzaprine, Naproxen, and Tramadol for ongoing pain relief. Urine drug screen dated 12/29/13 resulted in findings consistent with drug regimen. The utilization review dated 04/04/14 resulted in denial for urine drug test as no objective evidence was submitted supporting the necessity for continued drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test:** Upheld

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

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

**Decision rationale:** The injured worker complained of shoulder and neck pain. A urine drug screen is indicated for injured workers who are continuing with opioid therapy or who demonstrated aberrant behavior or potential for drug misuse. No information was submitted regarding ongoing opioid therapy. No aberrant behavior or potential for drug misuse was identified in the clinical notes. Given this, the request is not indicated as medically necessary.