

<b>Case Number:</b>	CM14-0057613		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas. 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 44 year old who injured the right shoulder on 09/05/2009. The worker complains of constant sharp pain that is worse with reaching above the shoulder and lifting. The pain is 9/10 without medications, but 7/10 with medications. It is associated with numbness and weakness. The worker is being treated with Norco and Gabapentin. There is a medication agreement on file, and the injured worker is being monitored with urine drug screen. During one of the visits, the worker tested positive to Marijuana, but later provided a document in support of the use of the marijuana. At the last visit, the doctor discontinued the Norco 7.5mg and replaced it with Norco 10mg, stating that it is not controlling the pain. Also, the worker was advised to taper the Gabapentin. The doctor has requested for Random urine drug screen to document medication compliance to include review of UDS (Urine Drug Screen) results and preparation of a narrative report to discuss the findings, but the utilization reviewer modified this request to Urine Drug screen

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screen to document medication compliance to include review of UDS (Urine Drug Screen) results and preparation of a narrative report to discuss the findings:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

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

**Decision rationale:** It is appropriate to monitor the use of opioids in this injured worker on continued use of opioids. However, while the MTUS recommends use of urine drug screening or inpatient treatment in individuals with issues of abuse, addiction, or poor pain control; the MTUS makes no statement regarding preparation of a narrative report to discuss the findings.