

<b>Case Number:</b>	CM14-0059341		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/15/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Emergency 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 62 year old female who reported a date of injury of 06/15/2007. The mechanism of injury was not indicated. The injured worker had diagnoses of right shoulder internal derangement and supraspinatus tendinosis, status post arthroscopy on 11/30/2009, status post right carpal tunnel release, herniated nucleus pulposus at L4-L5 and L5-S1 with right lower extremity with radiculopathy, L4-L5 annular tear and spinal stenosis with disc protrusion at tL3-L4 and L4-L5 levels. Prior treatments included a home exercise program. The injured worker had a MRI of the lumbar spine on 02/21/2014 with official findings indicating the injured worker had normal lumbar lordosis, normal marrow signal and no evidence of neoplasm or compression fracture. Surgeries included right shoulder arthroscopy on 11/30/2009, L4-5 lumbar epidural on 01/18/2011. The injured worker had complaints of constant right shoulder pain rated 8-9/10 with associated numbness and tingling, low back pain rated 9/10 with occasional radiation to the right hip down to the right foot after walking one to two blocks and right buttock pain rated 9/10. The clinical note dated 03/25/2014 noted the injured worker had a positive straight leg raise and tension signs, weakness of the extensor hallucis longus muscle groups bilaterally and, decreased sensation to light touch over the L4 and L5 dermatomal distribution. Medications included Ibuprofen, Norco and muscle relaxants. The treatment plan included the physician's recommendation for an interlaminar laminectomy with decompression with postoperative rehabilitation, a lumbar brace and a front wheeled walker. Topical Flurbiprofen, Ketoprofen, Gabapentin, Cyclobenzaprine, Capsaicin cream, Prilosec and a urine drug screen were also included within the plan of treatment. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 03/25/14 urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use, Page(s): 78, 43.

**Decision rationale:** The request for retrospective dos: 03/25/2014 urine toxicology screen is not medically necessary. The injured worker had complaints of constant right shoulder pain rated 8-9/10 with associated numbness and tingling, low back pain rated 9/10 with occasional radiation to the right hip down to the right foot after walking one to two blocks and right buttock pain rated 9/10. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. There is a lack of documentation the injured worker is at risk for adherent behaviors associated with the use of opioids. The injured worker is noted to have been first prescribed Norco as of the 02/04/2014 examination. There is a lack of documentation indicating whether a urine drug screen was performed at that time or when the last urine drug screen was performed. There is no indication that the injured worker is at risk for medications misuse or displays aberrant behavior. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.