

<b>Case Number:</b>	CM14-0085049		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/11/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

This is a 47-year-old female patient with a 3/11/07 date of injury. The exact mechanism of injury is not known. A 8/5/14 progress note reports that patient continues to have pain in the neck and right shoulder. Pt had acute spasms in the right trapezius. Objective findings: Positive right Spurling, decreased sensation right hand; decreased ROM right shoulder/neck by 10% in all planes, positive right shoulder impingement, positive spasm right trapezius. Diagnostic impression: Myofascial pain, repetitive strain injury, Right rotator cuff syndrome and cervical radiculopathy. Treatment to date: medication management- Naproxen, Omeprazole, Flexeril, and Gabapentin, and physical therapy. A UR decision dated 6/2/14 denied the Decision for Retrospective for date of service 5/6/14, urine drug screen based on the statement that the patient is believed to be "low risk" for the potential for addiction or diversion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 05/06/2014, urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary, 04/10/2014.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The treating physician's post-UR decision's notes on 8/5/14 included information about a recent knee surgery (unrelated) in 2/13 for which the patient was using narcotic medication. Therefore, the surgery qualifies the patient as testing "for cause". Thus, the Decision for Retrospective for date of service 5/6/14, urine drug screen was medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary, 04/10/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Guidelines for the Chronic Use of Opioids chapter, pages 222-238.

**Decision rationale:** CA MTUS ACOEM Guidelines discuss frequency of urine drug screening. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The treating physician's quarterly screening schedule are within recommended guidelines. The previous UR decision recorded in 5/14 was dated prior to the urine drug screen performed in 8/14. The patient recent use of narcotic medication constitutes a patient that is not in the "low risk" category. Therefore, the Decision for urine drug screen was medically necessary.