

<b>Case Number:</b>	CM14-0192985		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 35 year old patient with date of injury of 04/23/2012. Medical records indicate the patient is undergoing treatment for impingement syndrome of the right shoulder and right shoulder rotator cuff tendinitis. Subjective complaints include right shoulder pain rated 8/10, increased anxiety. Objective findings include range of motion in the right shoulder - flexion 120 degrees, extension 50, abduction 120, adduction 50, internal rotation 90 and external rotation 90; positive Apprehensive test and Apley's scratch test. Treatment has consisted of Flurbiprofen/Tramadol topical and Gabapentin/Amitriptyline/Dexamethorphan topical. The utilization review determination was rendered on 11/04/2014 recommending denial of Urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-

terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated, additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. [REDACTED]"

Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". Guidelines recommend patients at low risk should be tested within six months of initiation of therapy and then every year after that. This patient has undergone multiple urine drug screens in the past several months, but the treating physician has provided no red flags or indication that this patient is at greater risk for medication misuse, nor is there any opioids listed on the medical documents that have been provided. As such, the request for Urine toxicology is not medically necessary.