

<b>Case Number:</b>	CM14-0193400		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/13/2014
<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 Internal 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:

The injured worker (IW) is a 57-year-old woman with a date of injury of April 12, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the most recent progress report available for review, the IW complains of constant pain in her left shoulder that has varied from 6-8/10 on a pain scale of 1-10 without medications. She also complains of frequent pain and numbness in her left arm. She remains depressed and anxious and rated her depression as 9/10 with 10 being the most severe. She reports that her current pain and discomfort is severely impacting her ability to interact with other people and is moderately impacting her ability to concentrate. She has been using a walker for ambulation. Objective physical findings revealed range of motion of the left shoulder were moderately to markedly decreased in all directions. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left forearm and arm. Grip strength was decreased in the left hand at 4+/5. There was mild atrophy noted on the left deltoid muscle. The IW has been diagnosed with status post arthroscopic surgery, left shoulder; residual adhesive capsulitis with markedly decreased range of motion; pain and numbness of the left arm most likely due to mild brachial plexus injury; morbid obesity. The provider is recommending Hydrocodone/APAP 10/325mg, Cyclobenzaprine 7.5mg, and a urine drug screen. The treating physician is requesting authorization for chromatography quantitative 42 units. There are 2 prior urine drug screens in the medical record dated April 9, 2014, May 29, 2014, which are consistent with the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography Quantitative 42 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen/testing

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography, quantitative 42 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug screens is determined by whether the injured worker is at low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker is status post arthroscopic surgery left shoulder with residual adhesive capsulitis and markedly decreased range of motion; pain and numbness of left arm most likely due to mild brachial plexus injury; and morbid obesity. The injured worker is taking hydrocodone APAP 10/325 and cyclobenzaprine 7.5 mg. Urine drug screen testing was ordered and they were no inconsistent results present. The documentation reflects there is no documented abuse, diversion or hoarding of the prescribed medication and there is no evidence of illicit drug use. Patient's ability to function is significantly improved with medication and the patient is able to form activities of daily living more than 50% of the time. With the prescribed medication the patient has greater than 50% pain relief. First going out and give them time. The documentation states urine drug testing is done in a periodic basis to monitor compliance with treatment regimens. There is no documentation in the medical record over provider concerns of illicit drugs or noncompliance with medications. Additionally, there is no documentation of any potentially related actions to drug screen inconsistencies or addiction counseling. Consequently, chromatography, quantitative 42 is not medically necessary.