

<b>Case Number:</b>	CM14-0208627		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 39 year old patient with date of injury of 06/25/2011. Medical records indicate the patient is undergoing treatment for s/p right shoulder arthroscopy with subacromial decompression, debridement, and anterior acromioplasty and Mumford procedure. Subjective complaints include right shoulder pain. Objective findings include cervical range of motion - flexion and extension 35 degrees, lumbar range of motion - flexion 90, extension 30, left and right rotation 38, mild spasm of latissimus dorsi; straight leg test positive on right, Right shoulder range of motion - abduction and flexion 180 degrees, extension 60, adduction 50, Hawkins positive on right, negative Tinel sign. MR arthrogram 12/23/2013 revealed partial thickness rotator cuff tear and indentation in the humeral head suggestive of a prior dislocation. Treatment has consisted of home exercise program, surgical intervention, bursal steroid injection, EnovaRX-Ibuprofen cream, Tylenol #3, Anaprox, Protonix, Norco, Gabapentin, Cyclobenzaprine, Naproxen and Omeprazole. The utilization review determination was rendered on 11/14/2014 recommending non-certification of Urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Criteria for Use of Urine Drug Testing

**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. University of Michigan 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. The patient has been on chronic opioid therapy and a 9/10/14 UDS detected amitriptyline/nortriptyline which the patient did not report on their medication list. The treating physician has provided a clear medical rationale as to why a UDS is needed. As such, the request for Urine drug screen is medically necessary.