

<b>Case Number:</b>	CM14-0209072		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Management 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 male patient with the date of injury of June 18, 2010. A Utilization Review dated December 3, 2014 recommended non-certification of chromatography, quantitative urine drug screen QTY: 42.00. A Progress Report dated October 1, 2014 identifies Subjective Complaints of frequent headaches, painful movements of the left shoulder. Objective Findings identify cervical paraspinal musculature was tender to palpation. Range of motion of the right shoulder was slightly decreased in all directions. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left forearm. Diagnoses identify s/p arthroscopy left shoulder on 10/23/12, Cryptococcal meningitis with cognitive dysfunction, slurred speech, and weakness left arm. Treatment Plan identifies urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, Quantitative Urine Drug Screen Qty: 42:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation ODG, Drug Screening

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 AND 99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for Chromatography, the CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested Chromatography, Quantitative Urine Drug Screen Qty: 42 is not medically necessary.