

<b>Case Number:</b>	CM14-0209473		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/02/2014
<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 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 58 year-old patient sustained an injury on 9/30/13 when he fell off a roof putting up a porch while employed by [REDACTED]. Request(s) under consideration include Urine Toxicology Screen. Diagnoses include shoulder dislocation/ contusion/ subacromial bursitis and impingement. Treatment care has included medications, therapy, and modified activities/rest. Medications list Ibuprofen, Metformin, and Lisinopril. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/22/14 from the provider noted chronic ongoing right shoulder pain with limitations of ADLs. Exam showed unchanged findings of AC separation deformity; flex of 0-140/ abduction 0-120/ ER 0-60/ IR 0-60 degrees; positive subacromial bursitis; positive impingement, apprehension, O'Brien's with 4/5 strength on resistance in all directions. Treatment included MRI of right shoulder, UDS, home exercise, along with FCE. The request(s) for Urine Toxicology Screen was non-certified on 12/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The request(s) for Urine Toxicology Screen was non-certified on 12/2/14. The MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Toxicology Screen is not medically necessary and appropriate.