

<b>Case Number:</b>	CM14-0216227		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 worker was injured on 07/02/2007 while being employed. On Physicians Progress Report dated 11/25/2014 she complained of shoulder, neck and back pain. On examination she was noted to have a decrease of cervical spine range of motion. Left arm was noted to have a decrease in range of motion as well. A urine sample obtained during office visit. Her medication was noted as Ibuprofen, Omeprazole, Zaleplon and Transdermal Ketoprofen, Cyclobenzaprine and Capsaicin Cream. Diagnoses were status post left rotator cuff repair and mild cervical discogenic disease. She was noted to have acupuncture, physical therapy, and a cervical MRI in the past no evidence of same was submitted for this review. Injured worker was noted to be retired. The Utilization Review dated 12/09/2014 non-certified the request for urine drug screen as not being medically necessary. The reviewing physician referred to CA MTUS Guidelines, Chronic Pain Medical Treatment Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen (Date of service: 12/4/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine toxicology screening Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.