

<b>Case Number:</b>	CM15-0001536		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 worked (IW) is a 46 year old female with a date of injury 4/11/2000. The mechanism of injury was not included with the chart materials. A PR-2 dated 10/15/2014 reports patient subjectively has pain in the neck and right shoulder. It is described as stabbing, with numbness and paresthesia. Physical examination revealed accessory nerve palsy, reduce range of motion of the cervical spine, and bilateral C7 nerve root radiculopathy with bilateral suprascapular neuropathy. Diagnoses include right rotator cuff syndrome, right accessory nerve palsy, left shoulder overuse syndrome, and complex regional pain disorder. Plan of care included ongoing prescription for opioid medication and a topical non-steroidal anti-inflammatory cream. The provider also ordered a random urine toxicity screen as the patient is receiving narcotics and it is used for surveillance and evaluation of potential substance abuse. There is no documentation to indicate concern regarding the IW use of prescribed narcotics. Documents include a urine toxicology screen from 6/18/2014 which yielded expected results. The IW work status is permanent and stationary. On 12/8/2014, UR non-certified a request for Quantitation, urine drug screen and confirmation for date of service 9/20/2014. MTUS guidelines were cited in support of this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(DOS) 9/20/2014 for Quantitation urine drug screen and confirmation: Upheld**

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

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

**Decision rationale:** CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." There is no indication in the chart that the prescribed practitioner had concerns regarding the IW's compliance with the opiate prescription or and illegal drugs. The IW had a urine drug test completed 3 months earlier which yielded anticipated results. There was no documentation to support request for increasing number or strength of opiate medications or for early refills. The request for a urine drug screen is not medically necessary.