

<b>Case Number:</b>	CM15-0003076		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 worker is a 44 year old female, who sustained an industrial injury on 7/10/2012 due to a motor vehicle accident. She has reported shoulder pain. The diagnoses have included brachial neuritis, hemiarthrosis-hand, joint pain-upper arm, and cervicalgia. Treatment to date has included diagnostic medial nerve branch blocks C2-C3, C5-C6 on 12/15/2014. Currently, the injured worker complains of shoulder pain. Medications included Butrans patch, Cymbalta, Imitrex, and Norco. The PR2 report, dated 12/22/2014, noted no evidence of medication non-compliance. On 12/16/2014, Utilization Review non-certified a custom profile urine drug screen noting, the lack of compliance with MTUS recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom profile urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria of use of urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, custom profile urine drug screen is not medically necessary. Urine drug screening is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncovered diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low-risk, intermediate or high risk for drug misuse or abuse. Urine drug tests may be subject to specific drug screening statutes and regulations based on state and local laws, and the requesting physician should be familiar with these. In this case, the injured worker's working diagnoses are brachial neuritis, hemarthrosis, hand; joint pain, upper arm; and cervicalgia. Subjectively, the injured worker complains of bilateral shoulder pain 6/10. The worker also complains of left distal inner forearm pain. Objectively, there is tenderness palpation over the C3-C6 facet capsules bilaterally. Two urine drug screens, one dated June 12, 2014 and the second dated October 22, 2014 showed consistent results. The treating physician requested a custom profile urine drug screen. There is no clinical rationale for a custom profile urine drug screen based on two prior consistent urine drug screens in the year 2014. There is no documentation of drug seeking or aberrant drug-related behavior. Consequently, absent clinical documentation to support repeating a urine drug screen in the absence of risk assessments and no clinical rationale for a custom profile urine drug screen, custom profile urine drug screen is not medically necessary.