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| <b>Case Number:</b>   | CM15-0007431 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 03/18/2011 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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 51 year old male, who sustained a work/ industrial injury on 3/18/11 as a passenger with another truck driver. He has reported symptoms of neck pain and lower back and shoulder pain. The diagnoses have included left shoulder contusion, sprain, possible internal derangement and cervical strain along with post concussion syndrome. Past medical history included diabetes mellitus, labile hypertension, and pancreatitis with cholecystitis. Magnetic Resonance Imaging (MRI) noted labral tear across the biceps labral anchor. Treatment included oral medications for anti-inflammatory and antispasmodic properties, topical analgesic medication that reduced pain from 8/10 to 4/10. Meds include Flexaril, Naproxen, Cymbalta, and Ketoprofen gel. An Ear/Nose/Throat specialist evaluation was ordered due to hearing deficit. Acupuncture was done. Diagnostic arthroscopy was performed on 12/16/14. A urine drug screen was ordered. On 12/18/14, Utilization Review non-certified a Urine Drug Screen, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover the diversion of prescribed substances. The 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 is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are left shoulder labral tear; cervical sprain/strain; cervical radiculopathy; diabetes; hearing loss; and uncontrolled HTN. Subjectively, the injured worker complains of muscle spasms and pain in left shoulder. His pain radiates from the neck to the shoulder and left upper extremity. Objectively, there are spasms in the cervical and trapezius muscle groups associated with decreased range of motion. Motor strength is 5/5. Prior urine drug screens were performed on November 20, 2013 and December 11, 2013. They were both consistent. There were no risk assessments in the medical record and, as a result, the frequency with which to repeat urine drug screens cannot be determined. Additionally, there was no clinical indication or rationale in the medical record to order a urine drug screen. The documentation did not contain evidence of drug seeking behavior, aberrant drug-related behavior or evidence of drug misuse or abuse. Consequently, absent clinical documentation to support a urine drug screen with the clinical rationale/indication, urine drug testing is not medically necessary.