

<b>Case Number:</b>	CM15-0009288		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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  
 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 female, who sustained an industrial injury on 08/15/2013. On provider visit dated 12/08/2014, the injured worker had right shoulder pain and cervical pain with right upper extremity symptoms. On examination right shoulder tenderness was noted with a positive signs of impingement, positive Jobe test and atrophy of the right deltoid musculature and cervical exam was noted as a limited range of motion. The diagnoses were right shoulder acromioclavicular osteoarthropathy, rule out rotator cuff pathology of right shoulder, cervical myofascial pain and rule out cervical disc injury/radiculopathy. Treatment included MRI of right shoulder, MRI of cervical spine, continue TENS, medication and urine toxicology screening. On 01/08/201 Utilization Review non-certified urine drug screen DOS 12/08/2014. The CA MTUS, ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen DOS 12/8/14:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Medical records document the prescription of Tramadol, which a Schedule IV Controlled Substance. Per MTUS, Tramadol is a centrally acting synthetic opioid analgesic. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine drug screen is medically necessary.