

<b>Case Number:</b>	CM15-0100639		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/24/2006
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 60 year old female, who sustained an industrial injury on May 24, 2006. The mechanism of injury was not provided. The injured worker has been treated for neck, shoulder and low back complaints. The diagnoses have included cervical disc protrusion, lumbar disc protrusion, right shoulder tendonitis, left shoulder impingement syndrome, rotator cuff syndrome, anxiety and depression. Treatment to date has included medications, radiological studies and a pain management consultation. Current documentation dated May 11, 2015 notes that the injured worker reported constant moderate stabbing neck pain and low back pain. The injured worker also noted constant moderate achy right shoulder pain and constant severe stabling left shoulder pain. Examination of the cervical spine revealed tenderness and a decreased range of motion. A cervical distraction was noted to be positive and a cervical compression test caused pain. Examination of the lumbar spine revealed a straight leg raise test to be positive on the left. Examination of the bilateral shoulders revealed a decreased range of motion and a supraspinatus press caused pain. There were no physical examination changes from the prior visit. The injured workers medications included Norco, Neurontin, Flector patch, Cyclobenzaprine and Protonix. The treating physician's plan of care included a request for a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, urine drug testing (UDT).

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

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the claimant underwent a urine drug screen 11/17/14 which was consistent with her prescribed medical regimen. There is no specific indication for the requested urine drug screen. Medical necessity for the requested service is not established. The requested urine drug screen is not medically necessary.