

<b>Case Number:</b>	CM15-0106491		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/17/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male who sustained an industrial lifting injury on 02/17/2009. The injured worker was diagnosed with shoulder sprain/strain, myofascial pain, SLAP tear, chronic post-operative pain and depression. The injured worker also has a history of hypertension. The injured worker underwent left shoulder arthroscopy in 2009 and right shoulder arthroscopy in 2011. Treatment to date has included diagnostic testing, conservative measures, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, home exercise program, left trapezius trigger point injection, 3 total on January 13, 2015, bilateral cervical trigger point injections, 6 total (latest performed on February 3, 2015), psychiatric and psychological evaluation and treatment, paraffin baths, Thera cane and medications. According to the primary treating physician's progress report on December 1, 2014, the injured worker continues to experience chronic left shoulder and elbow pain with radiation to the neck. Examination demonstrated tenderness to palpation of the left trapezius and paraspinal muscles. The left lateral elbow was tender to palpation with guarding of the left upper extremity. Range of motion was decreased at the left shoulder and elbow. Current medications are listed as Tramadol ER, Gabapentin, Omeprazole, Amitriptyline and Lidoderm ointment. Treatment plan consists of demonstration of a Thera cane for use at home, continuing with medication regimen, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, follow-up with psychiatric/psychological appointments and the current request for a urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology- standard controlled substance protocol:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant sustained a work injury in February 2009 and continues to be treated for neck and left shoulder and elbow pain. When seen, there was decreased elbow and shoulder range of motion. There was muscle tenderness. Medications being prescribed include tramadol. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and therefore the request was medically necessary.