

<b>Case Number:</b>	CM15-0149054		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on March 27, 2013. The injured worker was diagnosed as having chronic pain syndrome, left shoulder pain and strain, left elbow pain, cubital tunnel syndrome, myalgia and numbness. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, elbow brace, home exercise program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS) unit, ice and medication. A progress note dated June 22, 2015 provides the injured worker complains of left shoulder and elbow pain. She rates her pain 7-8 out of 10 without medication and 4-5 out of 10 with medication. Physical exam notes tenderness to palpation of the left shoulder and elbow with decreased sensation. Magnetic resonance imaging (MRI) of the shoulder and elbow were reviewed revealing tendinosis, impingement and osteoarthritic changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS 06/22/2015):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition (web) 2013 Treatment in Workers Compensation , Pain - Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing (UDT).

**Decision rationale:** The patient presents with left shoulder and left elbow pain rated 7-8/10 without and 4-5/10 with medications. The request is for RETROSPECTIVE URINE DRUG SCREEN (DOS 06/22/2015). The request for authorization is not provided. The patient is status post right shoulder arthroscopic surgery, 2013. EMG of the bilateral upper extremities, 04/13/15, showed mild bilateral CTS and bilateral ulnar neuropathy. MRI of the left shoulder, 10/21/14, shows moderate degenerative changes are noted at the acromioclavicular joint with subacromial spurring and mild impingement. MRI of the left elbow, 10/22/14, shows mild osteoarthritis changes are noted at the elbow joint; mild lateral epicondylitis is suspected. Physical examination of the left upper extremity reveals diffused TTP at shoulder with muscle spasm noted at the periscapular region. TTP at lateral left elbow. FAROM at shoulder and elbow. Muscle strength is 5/5. Sensation is intact but diminished on left upper arm and left 4th and 5th finger. She continues to find the TENS unit and her medications helpful. She works on her HEP regularly. She also uses heat/ice for additional pain relief. Patient's medications include Flexeril, Ultram, Celebrex and Voltaren Gel. Per progress report dated 06/22/13, the patient is not working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 06/22/15, treater's reason for the request is "to see if she is taking her opiate medication appropriately, and not taking any illicit substances." In this case, the patient is prescribed Ultram, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.