

<b>Case Number:</b>	CM15-0163189		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, 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 70 year old female who sustained an industrial injury on 11-07-2012. Mechanism of injury was a trip and fall. Diagnoses include left rotator cuff tear with retraction of the supraspinatus tendon status post-surgery and left knee medial and lateral meniscus tears. Treatment to date has included diagnostic studies, medications, physical therapy, and status post shoulder surgery. She is not working. X rays of the knees done on 02-25-2015 revealed medial joint space narrowing to approximately 2mm bilaterally, degenerately. Magnetic Resonance Imaging of the left shoulder done on 01-21-2015 revealed rotator cuff tendinopathy and tears, probable intra-articular tear of long head biceps tendon with tendinosis and longitudinal interstitial tear involving the extra articular component-grossly unchanged. There is a suspected partial SLAP type labral tear and probably unchanged. Magnetic Resonance Imaging of the left knee done on 01-21-2015 showed complex medial meniscal tear with medial extrusion off of the tibial plateau as well as probable flipped meniscal fragment in the inferior medial gutter, slightly discoid type lateral meniscus with myxoid change seen. There is mild to moderate tricompartmental chondromalacia-osteoarthritic change which is slightly more pronounced in the medial compartment. A physician progress note dated 07-17-2015 documents the injured worker complains of left shoulder and left knee pain. A left knee arthroscopy has been recommended. She rates her left shoulder pain as 5 out of 10 and her right knee pain is rated 6 out of 10. The pain is worse in her left knee. She has completed 1 out of 6 physical therapy sessions to her left shoulder and is taking Naprosyn twice a day and reports improvement in her pain level from 6 out of 10 to 5 out of 10. The pain is made better with rest and medications. There is diffuse

tenderness over the medial and lateral joint lines and there is pain with range of motion. She has pain with forward abduction in the left shoulder. Hawkins and drop arm signs were positive. The treatment plan includes Naprosyn 500mg, #60. Treatment requested is for a urine toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, or that there is any intention to prescribe these medications in the future. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.