

<b>Case Number:</b>	CM15-0180552		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Family Practice

### 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 November 7, 2012. Past history included left shoulder surgery and wrist surgery, May 2014, and hypertension. Past treatment included anti-inflammatories, pain medication, physical therapy, cortisone injection and a TENS (transcutaneous electrical nerve stimulator) unit. According to a primary treating physician's progress report dated August 7, 2015, the injured worker presented for follow-up for the left shoulder and left knee pain. There is a history of a left rotator cuff tear and a left medial meniscus tear. She is undergoing physical therapy for the left shoulder and has completed 5 of 12 sessions, which she reports are helping with range of motion and pain. She reported a surgeon has recommended intervention for the left knee. She complains of persistent left knee pain, rated 6 out of 10, when standing and walking, and left shoulder pain rated 5 out of 10. She is taking Naproxen two tablets a day for pain and reports improvement in her pain from 6 out of 10 down to 5 out of 10. An orthopedic evaluation dated June 11, 2015, the physician documented current medication as Naproxen, Hydrocodone, and Pantoprazole. A physician's request for authorization dated June 16, 2015, requests Flurbiprofen-Baclofen-Lidocaine cream to affected areas. A pre-operative consultation dated September 3, 2015, documented the injured worker reporting she takes Imitrex about once a week. Objective findings included; left knee- positive McMurray's sign; left shoulder- positive Hawkin's and drop arm sign. Diagnoses are left shoulder rotator cuff tear with retraction of the supraspinatus tendons; left knee medial and lateral meniscus tears. Treatment plan included to continue with physical therapy and at issue, a request for authorization dated August 24, 2015, for a urine toxicology screen. According to

utilization review dated September 4, 2015, the request for a Urine Toxicology Screen is non-certified.

### **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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**Decision rationale:** The MTUS guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. In this case, the medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. The medical records do not establish that the injured worker is being prescribed opioids. The request for Urine toxicology screen is not medically necessary and appropriate.