

<b>Case Number:</b>	CM15-0184382		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/06/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

This 48 year old woman sustained an industrial injury on 9-6-2014. Evaluations include left shoulder MRI and x-rays dated 3-12-2015. Diagnoses include left shoulder impingement syndrome, left acromioclavicular joint osteoarthritis, left bicipital tendinitis, and rule out rotator cuff tear. Treatment has included oral medications. Physician notes dated 7-27-2015 show complaints of left shoulder pain. The physical examination shows "difficult range of motion" and evidence of radiological examinations. Recommendations include pain medications (not specified), home exercise program, physical therapy, and a referral for left shoulder joint injection, and follow up in six to eight weeks. Utilization Review denied requests for Opiates, barbiturates, Flurazepam, Amitriptyline, Meprobamate, benzodiazepines, Doxepin, Desipramine, Methadone, Nortriptyline, Imipramine, and drug confirmation with each procedure on 8-24-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine drug screen, DOS: 2/23/15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents with left shoulder pain. The request is for Retro urine drug screen, DOS: 2/23/15. The request for authorization is dated 04/20/15. Patient's diagnoses include L shoulder imp-synd; L AC joint OA, L Bicipital Tendinitis; R/o RCT. Physical examination of the left shoulder reveals ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lateral shoulder and acromioclavicular joint. Hawkin's causes pain. Supraspinatus Press causes pain. Patient's medications include Prilosec, Naproxen, and Tramadol, per progress report dated 05/14/15, the patient to remain off-work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater does not discuss the request. In this case, the patient has been prescribed Tramadol, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.