

<b>Case Number:</b>	CM15-0200461		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 51 year old female who sustained an industrial injury March 27, 2014. Past history included left knee partial medial meniscectomy and synovectomy December, 2014. Past treatment included approximately 40 physical therapy visits which included therapy to the neck, lower back, left shoulder and left knee, lumbar epidural injection and (2) steroid injections into the left shoulder, and acupuncture. Diagnoses are left shoulder pain, rotator cuff tear and impingement syndrome; left knee medial meniscus tear, left knee extensive synovitis and patellofemoral, medial and lateral compartments. According to an orthopedic surgeon's follow-up evaluation dated May 5, 2015, the physician documented and discussed with injured worker that it is easier to repair the rotator cuff before it retracts, and is an outpatient procedure with straightforward rehabilitation. The procedure had been previously denied and she continues to complain of left shoulder pain. At issue is the request for authorization for drug screening. Previous documentation revealed the injured worker had been taking prescribed medication of Tramadol, Naproxen, and Carisoprodol, since at least April 14, 2015. There is no further documentation of aberrant behavior or misuse of medication or any toxicology reports for review. According to utilization review dated September 21, 2015, the request for drug screening is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Criteria for use of Urine drug testing.

**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 current request is for a drug screening. Past surgical history included left shoulder surgery on 07/21/15 and left knee surgery in December of 2014. Past treatment included approximately 40 physical therapy visits which included therapy to the neck, lower back, left shoulder and left knee, lumbar epidural injection and (2) steroid injections into the left shoulder, medications and acupuncture. The patient is not working. MTUS Guidelines, Drug Testing Section, page 43 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. According to progress report dated May 5, 2015, the patient presents with continued left shoulder and left elbow pain. There are also reports for lower back pain that radiates into the left lower extremity. The patient has been utilizing Tramadol, Naproxen, and Carisoprodol, since at least April 14, 2015. The current request is for a urine drug screen. There is no documentation of aberrant behavior or misuse of medication, and there is no toxicology reports provided for review. There is no evidence in the records provided that this patient has undergone a urine drug screening in the recent past, and he is currently prescribed Tramadol for chronic pain. Given the lack of urine drug screening, and continued utilization of narcotic medication, the request is appropriate. Therefore, the request is medically necessary.