

<b>Case Number:</b>	CM15-0207165		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, North Carolina

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:

This injured worker is a 43 year old female who reported an industrial injury on 6-12-2013. Her diagnoses, and or impressions, were noted to include: post-traumatic left thoracic outlet syndrome, associated with double-crush findings with ulnar neuritis, and left shoulder adhesive capsulitis; left shoulder internal derangement, and adhesive capsulitis. No imaging studies were noted. Her treatments were noted to include: scalenectomy surgery; a sling; home exercise program; medication management with toxicology studies on 9-10-2015; and rest from work. The progress notes of 7-9-2015 reported: continued frozen left shoulder findings and was seen by an orthopedic-upper extremity specialist, who requested a new MRI and physical therapy. The objective findings were noted to include: a tender and frozen left shoulder; left upper extremity weakness; and reviews of a left shoulder MRI which revealed tendinitis, of a post-operative Doppler ultrasound which revealed normal sub-clavian blood flow, and of a left shoulder ultrasound that revealed adhesive capsulitis, fibrosis and adhesions of the glenohumeral ligament. The physician's requests for treatment were not noted to include urine drug testing with quantitative lab confirmation; however a statement of medical necessity-request for authorization for urine toxicology-drug testing, supplemental to initial report dated 7-9-2015 was noted, requesting urine toxicology-drug testing procedures. A urine toxicology review, dated 9- 14- 2015 and for the 9-10-2015 testing, noted a qualitative drug screen having been administered, and noted the results. The Request for Authorization, dated 7-9-2015, was noted for two separate qualitative lab confirmations for two separate points of care urine drug tests, sent to a specific lab for testing, in accordance with the patient's pharmacological treatment with prescribed opioids

and high-risk patients, or by the physician's discretion. The Utilization Review of 9-23-2015 non-certified the request for quantitative lab confirmations.

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

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

**Quantitative lab confirmations:** Upheld

**Claims Administrator 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 - Criteria for use of Urine drug testing.

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

**Decision rationale:** The request is for quantitative lab confirmation for urine drug testing. The patient had a previous UDS on 7/9/2015 and there were no signs of drug abuse. An additional urine toxicology was performed on 9/10/2015. The request is for quantitative lab confirmations. There is no medication list submitted for this patient. It appears that she is only taking Ibuprofen and therefore does not require a drug screen. In addition, the patient appears to be at low risk for drug abuse and according to guidelines requires only a yearly UDS. Therefore the request is not medically necessary or appropriate.