

<b>Case Number:</b>	CM15-0022259		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 71 year old female who sustained an industrial injury on 01/17/2009. Diagnoses include chronic pain syndrome, rotator cuff syndrome of shoulder and allied disorders, degeneration of cervical intervertebral disc, Brachial neuritis or radiculitis, strain of trapezius muscle, carpal tunnel syndrome, rotator cuff repair x 2, and status post carpal tunnel release. Treatment to date has included medications, injections, and home exercise program. A physician progress note dated 12/30/2014 documents the injured worker complains of pain of 7 out of 10 in her right shoulder which radiates into her right trapezius and lower scapular area. There is tenderness to palpation in the anterolateral aspect of the right shoulder as well as tenderness to palpation in the right cervical paraspinal musculature. On 12/10/2014 it is documented the injured worker has chronic neck pain with right shoulder and arm radiation with constant tingling and numbness in the bilateral hands. Treatment requested is for Posture Support Brace, and Urine Drug Screen. On 01/26/2015 Utilization Review partially certified the request for Urine Drug Screen for a 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x 1, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines. The request for a posture support brace was non-certified and cited was Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified not as high risk. As such, the current request for urinalysis drug screening is not medically necessary.

**Posture Support Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Shoulder Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; IntelliSkin posture garments

**Decision rationale:** MTUS is silent on this topic. ODG states for use as a treatment "Not recommended as a treatment for shoulder pain." IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims. There is no justification of why a non-recommended, largely experimental product is necessary. Thus, the request for a posture support brace is not medically necessary.