

<b>Case Number:</b>	CM15-0023602		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 36-year-old female who reported an injury on 05/07/2007. The mechanism of injury was not specifically stated. The current diagnoses include status post right hand carpal tunnel release in 02/2009, status post left hand carpal tunnel release on 01/12/2010, cervical disc bulging, migraine headaches, status post trigger point injections on 11/23/2009, chronic thoracic strain, psych disorder, sleep disorder, and status post right shoulder arthroscopy on 06/24/2014. The injured worker presented on 01/05/2015 for a follow up evaluation with complaints of persistent pain and difficulty in the right shoulder. The injured worker has participated in postoperative physical therapy for the right shoulder. It is also noted that the injured worker was utilizing a CPM machine. Upon examination, there was limited range of motion with 120 degree flexion, 90 degree abduction, 40 degree internal rotation, and 50 degree external rotation with weakness. Recommendations included a urine toxicology report and continuation of the home exercise program. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UTS Urine Toxicology Qualitative and Confirmatory Tests:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for Risk of Addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.