

<b>Case Number:</b>	CM15-0218348		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Arizona, California

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:

The injured worker is a 50 year old male, who sustained an industrial injury on 11-16-2007. A review of the medical records indicates that the worker is undergoing treatment for status post left shoulder arthroscopy, left shoulder calcific tendinitis-bursitis, cervical radiculopathy and cervical spinal-paraspinal spasm. Treatment has included Tramadol, Cyclobenzaprine, Naproxen, extracorporeal shockwave therapy, acupuncture, physical therapy and application of ice. Subjective complaints (06-30-2015, 07-28-2015 and 09-01-2015) included left shoulder pain rated as 5-7 out of 10 that was improving. Tramadol was noted to facilitate average five point diminution in somatic pain with improved range of motion and greater tolerance to exercise and a variety of activity. Objective findings (06-30-2015) showed tenderness of the left shoulder, decreased range of motion of the left shoulder, positive bursitis, diffuse tenderness of the cervical spine and spasm of the cervical trapezius and paraspinal musculature. Objective findings (07-28-2015) showed tenderness of the left shoulder, tenderness of the cervical spine and spasms of the cervical trapezius-left deltoid tie-in. Objective findings (09-01-2015) included tenderness of the left shoulder, improved left shoulder range of motion, tenderness of the cervical spine and spasm of the left deltoid tie-in-cervical trapezius. A urine drug screen was requested and the physician noted that the worker was considered high risk due to historic poor response to opioids, depression (reactive) and history of no return to work for some time following injury. Urine toxicology screen was noted as being ordered on 06-02-2015 and 06-30-2015 (results not included) and there was no documentation of inconsistent results. A utilization review dated 10-01-2015 non-certified a request for retro: urine toxicology screen (DOS 9-1-2015).

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

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

**Retro Urine toxicology screen with a DOS of 9/1/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or non-compliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.