

<b>Case Number:</b>	CM15-0039089		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 60-year-old female who sustained an industrial injury on 03/03/2011. While lifting up milk crate containing 50 pints of milk she felt acute onset of discomfort in the left shoulder radiating into the left hand and left arm. Diagnoses include status post discectomy in 1991, status-post left shoulder surgery on 10/13/2011, and a second shoulder surgery on 07/27/2012, chronic myofascial pain syndrome, left rotator cuff syndrome, and cervical radiculopathy. Treatment to date has included medications, chiropractic therapy, physical therapy, home exercise program, 4 trigger point injections, and acupuncture. In a progress note dated the injured worker complains of left shoulder pain, which is constant and achy with occasional radiation of pain to the left lateral aspect of the arm and dorsal forearm with intermittent numbness and tingling involving the left index, middle, ring and little digit. She also has ongoing constant neck pain, primarily on the left side that radiates into the left trapezius and left medial border of the scapula. There is no documentation of the injured worker taking controlled substances. Previous drug screen was negative and there is no documentation of aberrant behavior or any other documentation indicting the injured worker was anything other than a minimal risk for medication misuse. The request is for a urine screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and steps to avoid misuse/addiction Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug screen Page(s): 43.

**Decision rationale:** Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above and previous drug screens were positive therefore not medically necessary.