

<b>Case Number:</b>	CM15-0042887		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 44-year-old male, who sustained an industrial injury on 08/09/2011. He reported lumbar spine and left knee injury. The injured worker is currently diagnosed as having history of post injury partial tear of the left biceps tendon, history of post injury carpal tunnel syndrome with ulnar neuropathy, status post left carpal tunnel release, and left shoulder tendinopathy/impingement. Treatment to date has included surgical exploration of the biceps tendon and medications. In a progress note dated 12/18/2014, the injured worker presented with complaints of modest stiffness and pain that is described as aching in his right forearm that extends towards the wrist and shoulder. The treating physician reported prescribing pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (retrospective treatment):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** The patient is a 44-year-old male with an injury on 08/09/2011. He had exploration of the biceps tendon and left carpal tunnel release. He continues to have signs of left shoulder impingement. He has been prescribed Tramadol, Voltaren and Protonix. He is working modified duty. The urine drug test on 01/26/2015 was only positive for the prescribed Tramadol. There is no documentation of any abnormal drug seeking behavior. There is no documentation drug abuse or addiction. Tramadol is prescribed PRN. There is no documentation when he had a previous urine drug test and ODG notes that in the absence of abnormal drug seeking behavior, addiction or abuse - urine drug testing should not be done more than annually if at all needed. This patient had an injury almost 4 years ago and there is no indication that urine drug testing was indicated on 01/26/2015.