

<b>Case Number:</b>	CM15-0043834		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Arizona 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 51-year-old female who reported an injury on 07/20/2010. The mechanism of injury was loading and unloading wheelchairs resulting in low back pain. The injured worker underwent a lumbar spinal surgery in 10/2013, which included an L4-S1 fusion. The injured worker underwent an MRI of the lumbar spine on 07/30/2014, which was noncontributory to the request. The injured worker underwent a urine drug screen on 07/10/2014. The injured worker underwent a urine drug screen on 02/13/2015. There was a Request for Authorization form submitted for review dated 02/17/2015. The documentation of 02/13/2015 revealed the injured worker had complaints of pain in the lower thoracic spine extending down the lumbar spine. The injured worker's medications included Norco for moderate to severe pain. The injured worker indicated that the pain with medication was 7/10 and without medication was 10/10. The injured worker had 30% improvement in overall pain, as well as an improvement in function with the medication. The medications improved her participation in activities of daily living. The injured worker revealed no evidence of drug seeking behavior. The injured worker utilized the medications appropriate and the urine drug screen revealed compliance. The injured worker had an opioid agreement and was compliant. The injured worker was at low risk for opioid abuse. The diagnosis included status post right shoulder arthroscopy with manipulation and extended debridement of adhesions on 06/12/2014, status right shoulder manipulation arthroscopic debridement and release of adhesions and a acromioplasty, as well as resection of distal clavicle and repair of rotator cuff on 12/26/2013. Additionally, the diagnosis included left hip sprain and strain. The treatment plan included Norco 10/325 mg twice a day to 3 times a day for moderate to severe pain, physical therapy 2 days a week for 6 weeks, a 30 day trial of Flexeril 5 mg 3 times a day, and random urine drug screens. Request was made for urine drug screens 4 times a week.

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

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

**Urine Drug Screen 4x per year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 2/10/15) Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The documentation indicated the injured worker had no issues of abuse, addiction, or poor pain control. There was documentation indicating the injured worker had no aberrant drug behavior. There was a lack of documentation indicating a necessity for 4 urine drug screens as the duration of use for medications could not be determined. Additionally, the request as submitted was for 4 urine drug screens per year and the duration was not provided. Given the above, the request for urine drug screen 4 times per year is not medically necessary.