

<b>Case Number:</b>	CM15-0052356		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/25/2007
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 54 year old female, who sustained an industrial injury on November 25, 2007. Treatment to date has included medication, surgical evaluation, imaging of the cervical spine, arthroscopic debridement of the right shoulder and medications. Currently, the injured worker complains of shoulder pain. She rates the pain a 2 on a 10-point scale and describes the pain as aching, constant, dull, shooting, throbbing, weakness and pins/needles/tingling in both arms. She complains of cervical pain which she rates an 8 on a 10-point scale and describes the cervical pain as aching, burning, cramping, increasing, pressure, pulling, radiating, sharp, shifting, stabbing, tearing and stiff. Massage improves her condition and stretching worsens her condition. Her treatment plan includes medication and surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screening, collected on 1/7/15 and report provided on 1/12/15: 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), Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, steps to avoid misuse Page(s): 89, 94.

**Decision rationale:** This 54 year old female has complained of right shoulder pain and neck pain since date of injury 11/25/07. She has been treated with right shoulder surgery, physical therapy and medications. The current request is for Urine drug screening, collected on 1/7/15 and report provided on 1/12/15. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screening, collected on 1/7/15 and report provided on 1/12/15 is not indicated as medically necessary.