

<b>Case Number:</b>	CM15-0059078		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 49 year old female who sustained a work related injury August 18, 2009. Past history included s/p left shoulder surgery x 2. According to a primary treating physician's progress report, dated February 19, 2015, the injured worker complains of pain in the shoulders. She has had an MRI of the right shoulder, November 22, 2014, revealing a rotator cuff tear with supraspinatus and infraspinatus tendinitis and acromioclavicular joint arthritis. Objective findings included abduction 120 degrees and flexion 130 degrees. Treatment plan included discussion and referral to surgeon for possible right shoulder surgery. A request for authorization form dated February 4, 2015, requests one urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening, per 02/04/15 order quantity: 1.00: 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 (Chronic) urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The 49 year old patient complains of pain in bilateral shoulders, as per progress report dated 02/19/15. The request is for Urine Toxicology Screening per 02/04/15 Order Quantity 1.00. The RFA for the case is dated 02/04/15, and the patient's date of injury is 08/18/09. The patient is status post two left shoulder surgeries and has also been diagnosed with right shoulder sprain, bilateral lateral epicondylitis, and bilateral carpal tunnel, as per progress report dated 01/07/15. Medications included Oxycodone, Cymbalta, Restoril, Prilosec and Duexis. The patient has been allowed to return to modified work, as per the same progress report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient is taking Oxycodone (an opioid) at least since 09/17/14. Two UDS reports dated 10/29/14 and 11/26/14 have been provided for review. The treating physician, however, does not discuss the patient's opioid dependence risk and the reason for such frequent screening. MTUS only supports annual urine toxicology tests in low-risk patients. Hence, the request is not medically necessary.