

<b>Case Number:</b>	CM15-0080337		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 sustained an industrial injury on 10/31/11. She reported initial complaints of shoulder pain/cumulative injury. The injured worker was diagnosed as having chronic neck pain; thoracic outlet syndrome; left shoulder internal derangement; chronic pain syndrome; transmandibular joint (TMJ). Treatment to date has included physical therapy; acupuncture; cortisone injections/shoulder; status post left shoulder decompression surgery (2012); urine drug screening; medications. Diagnostics included MR arthrogram left shoulder (9/20/13); MRI cervical spine without contrast (3/1/13); cervical spine x-ray (3/5/13); MRA chest with and without contrast (3/8/13); MRI cervical, lumbar spine (7/2/14); MR arthrogram right shoulder with intra-articular gadolinium contrast (7/3/14). Currently, the PR-2 notes dated 3/24/15 indicated the injured worker complains of medications not being approved and no word regarding Functional Restoration Program. She notes continued increased left shoulder, upper back, and neck pain and right shoulder pain that impairs her sleep. Pain has been helped with Voltaren gel. She reports persistent upper chest pain with continued numbness/tingling of both hands and intermittently of the forearms. She also continues jaw pain; complains of hair loss/thinning and fatigue. Psychologist and cervical traction unit have been denied by insurance and no word regarding a new cervical collar. The medications currently prescribed as Vicodin PRN, Protonix, Imitrex, Valium and Voltaren gel. The provider is requesting a clinical laboratory urine drug screening done 03-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clinical laboratory urine drug screening done 03-24-15;:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Clinical laboratory urine drug screening done 03-24-15 is not medically necessary and appropriate.