

<b>Case Number:</b>	CM15-0085295		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/20/1995
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 56 year old male, who sustained an industrial injury on 06/20/1995. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic shoulder pain, status post rotator cuff and superior labrum anterior and posterior repair, chronic pain with cervical four through seven fusion, post laminectomy syndrome, right wrist pain, and chronic pain syndrome. Treatment and diagnostic studies to date has included medication regimen, physical therapy, above listed procedures, laboratory studies, computed tomography of the cervical spine, and magnetic resonance imaging of the cervical spine. In a progress note dated 04/20/2015 the treating physician reports continued, severe aching pain to the neck that radiates to the right arm with associated symptoms of numbness and tingling, along with severe headaches and aching pain to the right shoulder. During examination the injured worker has tenderness to the paraspinal muscles with spasms to the upper trapezius and tenderness to the anterior joint of the right shoulder. The injured worker also has restricted range of motion to the cervical spine. The treating physician notes that the injured worker's current pain level is an 8 to 10 out of 10 and is not on currently on the medications of Percocet or Norco, but indicates that when he takes Percocet or Norco his pain level decreases to a 3 to 6 out of 10. The injured worker also notes complaints of severe neck and shoulder spasms. The treating physician listed the current medication regimen of Omeprazole, Celebrex, and Lunesta. The treating physician requested a

urine toxicology screen noting a prescription for Norco and prior urine toxicology screening that was noted to be consistent with prescribed medication regimen.

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

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

#### **1 Urine Toxicology Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient had several prior urine toxicology screening consistent with medications. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for 1 Urine Toxicology Screen is not medically necessary.