

<b>Case Number:</b>	CM14-0128758		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66 year old female who was injured on 09/18/09 when she slipped and fell. The injured worker complains of pain in the neck, right shoulder and right knee with anxiety and depressed mood. The injured worker has been treated with physical therapy and chiropractic care with no relief. The injured worker is status post arthroscopic rotator cuff repair of the right shoulder in November 2010 which reportedly resulted in no improvement. The injured worker has had 5 hyalgan injections to the right knee with no lasting improvement. Clinical note dated 03/05/14 states the injured worker takes Diclofenac XR 100mg, Effexor ER 75mg and Tylenol #3. No other medications are noted. Clinical note dated 07/01/14 notes the injured worker continues to take her medications and Tylenol #3 as needed. This report reveals no change in the injured worker's medications. A urine drug screen was performed at this visit. A retrospective request for the urine drug screen was submitted and was subsequently denied by Utilization Review dated 07/31/14. This rationale states guidelines support such testing within six months of beginning higher dose controlled medications. The rationale further states, "A review of this [injured worker's] CURES report reveals a total of five prescriptions for 60 tablets of Tylenol Codeine (300/30) over the past 12 months. This amount of medication is not categorized as a "higher dose.""

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, recommend testing within six months of initiation of therapy and on a yearly basis thereafter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

**Decision rationale:** The request for Urine Drug Screen is recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state urine drug testing may be used to assess for the use or the presence of illegal drugs or to monitor compliance with and efficacy of prescribed opioid medications. Records indicate the injured worker has been prescribed Tylenol with Codeine (Tylenol #3). The ODG states urine drug testing should be performed when chronic opioid management is considered. For individuals who are not considered "moderate" or "high" risk of addiction, drug screens are recommended within six months of the initiation of therapy and once per year thereafter. Per the records, the injured worker has received five prescriptions for Tylenol #3. Records do not indicate a urine drug screen had been performed other than the screen completed on 07/01/14. As this appears to be the initial drug screen following the initiation of the injured worker's use of opioid medications, the retrospective request for the urine drug screen is established as medically necessary and appropriate.