

<b>Case Number:</b>	CM14-0132216		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37-year-old male with an injury date of 06/14/2006. Based on the 06/03/2014 progress report, the patient complains of right shoulder pain which she describes as being sharp, throbbing, burning, and aching. This pain is constant and is increased with movement. Rest and medication help to decrease his pain. The 04/07/2014 progress report states that the patient rates his pain as a 10/10 without medication, and a 7/10 with medication. He had shoulder surgery on 02/04/2014 and completed one round of physical therapy. The patient is currently taking Norco 10/325 mg #120, oxycodone IR 30 mg #120, OxyContin 80 mg #120. The patient's diagnoses include the following: 1. Opioid type dependency. 2. Pain in joint, shoulder. 3. Lumbosacral spondylosis. The utilization review determination being challenged is dated 07/17/2014. Treatment reports were provided from 11/18/2013 - 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screening (9) x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines Urine Drug Screen.

**Decision rationale:** Based on the 06/03/2014 progress report, the patient presents with pain in his right shoulder. The request is for urine drug screening 9x4. The 06/03/2014 report indicates that the patient previously had a urine drug screen (no date indicated) and it was found to be inconsistent. Norco was prescribed, however was not detected. The patient also had a urine drug screen on 04/07/2014 which was provided to be inconsistent with the reported medications list. There was no discussion provided as to why the patient needs additional 4 UDS. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risk opiate users, ODG Guidelines provide clear guidelines for low risk opiate users. It recommends once yearly urine drug screen following an initial screen within the first 6 months for management of chronic opiate use. Although the reports indicate that the patient was inconsistent with his medications, there are no other discussions which assessed at which risk level this patient is for opiate use. The treater does not discuss what he is going to be doing with the inconsistent results either. It would appear that the patient has had frequent urine drug screens already. For moderate risk, 2-3 UDS may be appropriate but not every month or every other month. Recommendation is for denial.