

<b>Case Number:</b>	CM14-0149087		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational 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:

There were 409 pages for this review. The application for independent medical review was signed on August 28, 2014. It was for a rapid screening urine toxicology collected on July 21, 2014. The actual review was done on August 22, 2014. The actual drug test was done on July 21, 2014. Per the records provided, the patient is 32 years old and was born in 1981. The injury was October 23, 2013. When lifting milk, she noticed the shoulder was sore. Then while reaching, she heard a pop in her shoulder. The right shoulder is the injured part and the patient has returned to modified duty. There was a right shoulder MRI that showed mild supraspinatus, infraspinatus and subscapularis tendinopathy without discrete tear or retraction. There was moderate superior labral degeneration partially visualized. An MR arthrogram was suggested if there is a high clinical suspicion for an occult labral tear. A cortisone injection into the acromioclavicular joint helped about 80%, but the pain had slowly returned. The previous review noted that random drug testing is used to evaluate misuse and abuse in patients at high risk. This request fails to establish any risk for abuse or misuse in the current documentation. There was a supplemental report from September 22, 2014. The patient sustained a traumatic injury at work on October 21, 2013. She has a SLAP tear MRI of the right shoulder. They are maximizing conservative care including cortisone injections, physical therapy, and medical pain management. She has not improved over six months of conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rapid Screen Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** Regarding Urine Drug Testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests), & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion, or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.