

<b>Case Number:</b>	CM14-0093592		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/14/1998
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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:

The patient is a 66-year-old female who has submitted a claim for cervical sprain, lumbar sprain, left shoulder impingement syndrome, left shoulder acromioclavicular joint cartilage disorder, and left shoulder subacromial/subdeltoid bursitis; associated with an industrial injury date of 10/14/1998. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain in the cervical spine, thoracolumbar spine and the left shoulder, graded 7/10. The patient is unable to reach for objects above shoulder level of behind the back with the left arm. Popping and sharp pain were noted in the left shoulder. Physical examination showed tenderness over the anterior portion of the AC joint, subacromial region, and bicipital insertion site on the left, and over the mid-thoracic paraspinal region. Range of motion of the cervical and thoracolumbar spine was decreased. Heel walk was positive. The patient shows no focal neurological deficit to motor and sensory evaluation from L2 through S1. Treatment to date has included medication, cervical injections, TENS, acupuncture, and physical therapy. Utilization review, dated 06/05/2014, denied the request for urine drug screen because there was no documentation in the medical record of the patient having undergone an addiction screening test using a formal screening survey provided in the records prior to the initiation of chronic opioid therapy.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. The medical records submitted for review show that urine drug screening has not been performed in the past year. Approval of the current request will not exceed the recommended frequency of urine drug screening given that the patient is at low risk for opioid abuse. Therefore, the request for urine drug screen is medically necessary.