

<b>Case Number:</b>	CM14-0196445		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 8/10/12. He reported initial complaints of right shoulder. The injured worker was diagnosed as having right shoulder sprain/strain supraspinatus tendon; muscle weakness; shoulder impingement/bursitis; joint pain - shoulder. Treatment to date has included status post right shoulder surgery (4/25/2014); physical therapy; medications. Diagnostics included MRI right shoulder with extra sequence (6/14/13); MRI right shoulder with arthrogram (2/25/14). Currently, the PR-2 notes dated 3/19/14 indicated the injured worker complains of continued right shoulder pain and is a status post right shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair, excision of foreign body and scar tissue on 4/25/14. He has right shoulder pain and trouble lifting the arm and reaching back is not possible. The injured worker does not remember when his last physical therapy was but additional has been denied. His medications are documented as atorvastatin, benazepril, hydrocodone/acetaminophen 10/325mg, Ketophene cream and Metformin 500mg. Examination indicates active flexion abduction to 100 degrees with pain and weakness, external rotation 85 with some pain, internal rotation 80 degrees outlet strength shows rotator cuff repair appears to be intact, but weak, and needs strengthening. the provider has requested a urine toxicology screening to monitor his narcotic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are shoulder sprain/strain supraspinatus tendon; muscle weakness; shoulder impingement/bursitis; and joint pain shoulder. The medical record contains 33 pages. The request for authorization is dated October 9, 2014. The progress note on or about the date of request for authorization is November 17, 2014 progress note. The injured worker is status post right shoulder arthroscopy (April 25, 2014). There is no documentation, clinical indication or clinical rationale in the medical record for a urine drug toxicology screen. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Additionally, there is no risk assessment in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a clinical indication/rationale for urine drug toxicology screen and documentation indicating aberrant drug-related behavior, drug misuse or abuse, urine toxicology screen is not medically necessary.