

<b>Case Number:</b>	CM14-0205299		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 10/09/2013. Diagnoses include cervical sprain and right shoulder sprain. Treatment to date has included medications, diagnostics including magnetic resonance imaging (MRI) and chiropractic care. Per the Primary Treating Physician's Progress Report dated 10/21/2014, the injured worker reported constant, cramping, shooting, dull neck pain rated as 9/10. Pain is rated as 10/10 at its worst and 9/10 at its best. Physical examination of the right shoulder revealed tenderness to palpation over the rotator cuff anteriorly and acromioclavicular joint. Range of motion was normal but very uncomfortable due to pain and muscle spasm. Examination of the cervical spine revealed some areas of tenderness and spasm bilaterally right more than left to the paraspinal from the base of the cranium to T1 including the rhomboids and trapezius. Spurling's test was positive on the right and there was decreased sensation at C5-6 on the right. The plan of care included additional chiropractic treatment, TENS unit and medications. Authorization was requested for a urine drug screen (DOS 10/21/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective confirmatory urine drug screen, DOS: 10/21/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with chronic neck and right shoulder pain. The current request is for RETROSPECTIVE CONFIRMATORY URINE DRUG SCREEN, DOS 10/21/14. Treatment to date has included medications, diagnostics including magnetic resonance imaging (MRI) and chiropractic care. The patient is currently not working. The MTUS Guidelines page 76 under opiate management: "Consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The patient's current medications includes Ibuprofen, Norco, Flexeril and lidocaine patches. There is no discussion regarding this patient being at risk for aberrant behaviors. The Utilization review denied the request stating that "a qualitative urine drug screen would have been authorized, with confirmatory quantitative testing performed only on positive results." The medical file provided for review includes one urine drug screen from 10/21/14, which revealed "consistent" results. There is no discussion regarding this request and there is no indication of prior urine drug screens. In this case, ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on an opiate regimen. This request IS medically necessary.