

<b>Case Number:</b>	CM15-0018750		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/08/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

This injured worker is a year old female who sustained an industrial injury on 8/8/03 when boxes fell on top of her knocking her to the ground resulting in immediate pain to the neck, back and arms. Currently she is experiencing ongoing right shoulder pain and numbness, weakness and tingling in the left shoulder. Her right shoulder pain intensity is 8-9/10. In addition she is experiencing neck and low back pain that radiates to her bilateral upper and lower extremities. Medications include Tramadol per progress note 11/24/14, which helps her to keep her narcotic level down; Norco; Prilosec; naproxen. Diagnoses include musculoligamentous sprain/strain, cervical spine; status post anterior cervical fusion, C5-6 and C6-7; non-union pseudoarthrosis C5-6; status post revision anterior cervical fusion, C5-6; status post revision cervical fusion, C6-7; status post posterior cervical fusion, C5-6 and C6-7; musculoligamentous sprain/strain. Lumbar spine; MRI evidence of grade 1 anterolisthesis, 14-5 with mild spinal stenosis; carpal tunnel syndrome, right and left wrists; status post carpal tunnel release right and left wrist; status post trigger finger release, left thumb; right and left shoulder tendonitis; ganglion cyst left wrist; status post ganglion cyst excision, left wrist; status post left shoulder arthroscopy and status post motor vehicle accident, nonindustrial, resolved. Treatments to date include physical therapy with no significant relief, cortisone injection into right shoulder. Diagnostics abnormal MRI lumbar spine, right shoulder x-ray, cervical spine x-rays. A request for authorization for a full urine drug screen panel with date of service 4/28/14 was requested on May 1, 2014. Progress note dated 10/15/14 noted a urine drug screen was performed to monitor adherence to prescription medications. On 1/15/15 Utilization Review non-certified the retrospective request for full panel

drug screen: date of service 1/7/15 citing MTUS: Chronic pain Medical Treatment Guidelines: Drug testing and ODG: Treatment Guidelines Urine Drug Testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Full panel drug screen DOS: 01/07/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Guidelines Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug test Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Urine Drug Testing

**Decision rationale:** The patient presents with right shoulder pain, neck and low back pain radiating to bilateral lower and upper extremities, rated 8/10. The request is for RETRO FULL PANEL DWG SCREEN DOS: 1-7-15. Per 01/14 15 progress report, patient is temporary totally disabled until next visit. Patient is status post cervical surgery 10/05/10, left shoulder surgery, left thumb surgery, two right carpal tunnel release surgeries and one left carpal tunnel release surgery, dates unspecified. Physical examination to the right shoulder on 10/01/14 revealed tenderness to palpation over the greater tuberosity in the area of the supraspinatus tendon. Neers and Hawkins tests were positive. Patient has had physical therapy and chiropractic treatments, 3 ESIs, dates unspecified. Patient's diagnosis include nonunion C5-6, C6-7 fusion acute cervical strain, spondy L4-5 w SS, spondy L3-4, DDD L3-S1. Based on the medical records provided, patient's medications have include Norco, Tramadol, Naproxen, Terocin, Prilosec, Fexmid and Ultram. Per 01/14/15 progress report, patient is temporary totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, two toxicology reports were submitted, dated 01/28/13 and 04/28/14 and patient tested positive for Tramadol in both tests. MTUS does support urine drug screens for compliance or aberrant behavior. However, MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. In progress reports dated 08/06/14, 11/24/14 and 02/04/15, it is stated that a comprehensive urine drug screen was administered in accordance with ACOEM, ODG and MTUS Guidelines; however, no results were provided. Treater does not provide a reason for the request. There are no discussions regarding opiate risk management. In addition, treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behavior, either. Therefore, the retrospective request for urine drug screen IS NOT medically necessary.

