

<b>Case Number:</b>	CM15-0110330		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female, who sustained an industrial/work injury on 4/26/12. She reported initial complaints of shoulder pain. The injured worker was diagnosed as having s/p left shoulder arthroscopy and subacromial decompression for impingement and tendinitis and fibromyalgia. Treatment to date has included medication, diagnostics, surgery (shoulder arthroscopy), and physical therapy with alpha-stim unit and exercises. Currently, the injured worker complains of scar. Per the primary physician's progress report (PR-2) on 3/2/15, examination notes hypertrophic scar to left shoulder. Current plan of care included treatment of scar to left shoulder. The requested treatments include retrospective review for date of service (DOS) 4/15/15 outpatient comprehensive drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for date of service (DOS) 4/15/15 outpatient comprehensive drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT) Page(s): 43.

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

**Decision rationale:** Retrospective review for date of service (DOS) 4/15/15 outpatient comprehensive drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation that was submitted does not reveal evidence of aberrant behavior, opioid usage for the date of service, or a clear rationale why this test is required. There is a 3/11/15 dermatology note that indicates that the patient was to treat her scar with topical cortisol. The note states that the patient is on thyroid medication, blood pressure medication and Topamax. An October 2014 urine toxicology screen was negative for all substances but there was no indication that the patient was on a controlled substance. The request for a comprehensive drug screen was not medically necessary.