

<b>Case Number:</b>	CM15-0115922		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, 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:

This 51 year old man sustained an industrial injury on 10/21/2011. The mechanism of injury is not detailed. Diagnoses include right shoulder 80% thickness tear, status post spine surgery, sleep issues, cervical spine sprain/strain, and bilateral hip sprain/strain. Treatment has included oral medications. Physician notes on a PR-2 dated 5/31/2015 show complaints of cervical spine pain rated 5-6/10, lumbar spine pain rated 6-7/10, right shoulder pain rated 7/10, and bilateral hip pain rated 3/10 on the right and 6-7/10 on the left. The worker states his pain is rated 8-9/10 without medications and 5/10 with medications. Recommendations include Kera-Tek analgesia gel, obtain operative report, topical compounded medication, urine drug screen, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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

**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 right shoulder 80% thickness tear supraspinatus tendon; status post laminectomy and decompression with residual mild right leg pain; sleep issues; cervical spine sprain strain; bilateral hip sprain strain. The date of injury is October 21, 2011. The request for authorization is dated May 28, 2015. On progress note dated May 27, 2015, the injured worker had been taking Norco 10/325mg. subjectively, the injured worker complained of persistent neck pain, low back pain that radiated to the right lower extremity. There was right shoulder pain and bilateral hip discomfort. Objectively, there was no cervical spine examination. There was tenderness palpation over the right lower lumbar area with decreased range of motion. It was decreased range of motion in the right shoulder. The treatment plan stated a urine drug screen was ordered "to assess current levels of prescription medications. There were no signs of abuse, overuse or adverse reactions." There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. There was no clinical indication or rationale for a urine drug toxicology screen. Urine drug screens are not designed to assess current levels of prescription medications. Urine drug screens are designed to monitor compliance, identify use of undisclosed substances and diversion of prescribed substances. Consequently, absent clinical documentation with a clinical indication and rationale for urine drug toxicology screen, urine toxicology screen is not medically necessary.