

<b>Case Number:</b>	CM15-0127294		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58-year-old female who sustained an industrial injury on 3/27/2013 resulting in left shoulder and elbow pain and impaired range of motion and function. She was diagnosed with chronic pain syndrome, left shoulder pain, left shoulder strain, left elbow pain, history of left radial head fracture, cubital tunnel syndrome, myalgia, and numbness. Treatment has included physical therapy for shoulder and elbow with report of minimal relief; Flector patches with almost total relief to elbow pain; Voltarin gel with some relief; and, oral medications. The injured worker continues to report left shoulder and elbow pain with cracking and popping, and numbness in her left palm and fingers. The treating physician's plan of care includes retrospective urine drug screen for 2/3/2015 date of service. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen for (DOS 2/3/2015):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain left shoulder and elbow. Treatment recommendations included the use of a restricted medication, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a urine drug screen for the date of service 02/03/2015 is medically necessary.