

<b>Case Number:</b>	CM15-0061203		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 10/29/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having complete rupture of the rotator cuff. Treatment to date has included left shoulder surgery on 11/05/2014 and physical therapy. Urine drug screening, dated 12/16/2015, was submitted, noting no substances detected. Currently, the injured worker complains of left shoulder pain, rated 2/10. Physical exam noted decreased left grip strength, decreased range of motion in the left shoulder, with supraspinatus and shoulder apprehension tests causing pain. Current medication regime was not documented. The treatment plan included urine toxicology screening. A previous progress note, dated 1/27/2015, documented that the injured worker stopped taking medications and declined further refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-urine drug testing.

**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 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 workers working diagnoses are complete rupture rotator cuff; and postoperative rotator cuff. The two latter progress notes state urine drug toxicology screens are ordered to monitor while medicines are prescribed no less than monthly. There are no risk assessments in the medical record to determine whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Additionally, a progress note dated January 27, 2015 indicates the injured worker stop all medications and decline refills. Also, the current medications (if any) are not documented in the medical record. Consequently, absent clinical documentation with current medications, a statement by the injured worker indicating all medications are stopped and no risk assessment in the medical record to assist in urine drug screening frequency, urine toxicology is not medically necessary.