MAXIMUS Federal Services

| Case Number: | CM15-0076051 | | |
|---|---|---|---|
| Date Assigned: | 04/27/2015 | Date of Injury: | 12/19/2012 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 03/21/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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: Family Practice

## 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 53 year old female who sustained an industrial injury on 12/19/12. She has reported initial complaints of neck, shoulders, back; bilateral knee and psyche injuries after being ran over by a car. The diagnoses have included cervical strain/sprain with numbness and tingling, left shoulder impingement status post arthroscopy, right shoulder stiffness, lumbar spine strain/sprain, status post right and left knee arthroscopy, psyche and head trauma with post - traumatic stress disorder. Treatment to date has included medications, diagnostics, Functional Capacity Evaluation (FCE), surgery, physical therapy, activity modifications and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and lumbar spine, electromyography (EMG) /nerve conduction velocity studies (NCV) The current medications included Nembutal, Norco, Wellbutrin, Cyclobenzaprine and Diclofenac. Currently, as per the physician progress note dated 2/16/15, the injured worker complains of right knee popping, catching and swelling and she uses a cane all the time for support. She continues to have left shoulder pain post reconstruction and fall after having the reconstruction. Physical exam revealed left shoulder tenderness and pain with forward flexion and abduction with decreased range of motion. She also has stiffness of the left shoulder. The right knee exam revealed that she had popping, catching and swelling. She ambulates with use of a cane and limps. The urine toxicology dated 9/8/14 was consistent with medications prescribed. The physician requested treatment included one urine toxicology quantitative and confirmatory test.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine toxicology quantitative and confirmatory test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug screen Page(s): 43.

**Decision rationale:** Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, or addiction. According to the medical records, there is no documentation of any of the above and previous drug screens were positive. Therefore, the request is not medically necessary.