

<b>Case Number:</b>	CM15-0077150		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 31 year old male, who sustained an industrial injury on January 28, 2014. He reported left shoulder, left arm, neck, left wrist, and left ribcage injuries. The injured worker was diagnosed as having a cervical strain with disc bulging, carpal tunnel syndrome, left shoulder sprain with bursitis, and left glenohumeral ligament laxity. Diagnostic studies to date have included an MRI, x-rays, ultrasound, and electrodiagnostic studies. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, work modifications, and non-steroidal anti-inflammatory medication. On February 17, 2015, the injured worker complains of continued neck and left trapezial muscle pain. The physical exam revealed mild tenderness to palpation of the cervical spine, mild tenderness over the left trapezial muscle, full left shoulder range of motion and some pain with Neer and Hawkin's impingement signs. He is currently working without restrictions. The treatment plan includes a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology [REDACTED] 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 status post fall off a ladder; cervical sprain; and left shoulder sprain. The injured worker was seen by the treating orthopedist on February 17, 2015. Subjectively, the injured worker had complaints of neck pain and left shoulder pain. The injured worker was referred to a pain management specialist. There were no opiates or other controlled substances noted in the medical record. In a progress note dated April 6, 2015, the worker was seen by the pain management specialist ([REDACTED]). The current medications included ibuprofen, Voltaren gel and Capsaisin. There were no opiates will control substances documented in the progress note. There was no indication or documentation of aberrant drug-related behavior, drug misuse or abuse. There was no risk assessment in the medical record to determine whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with a risk assessment and aberrant drug-related behavior with no documentation indicating the injured worker is taking opiates of controlled substances, urine toxicology [REDACTED] is not medically necessary.