

<b>Case Number:</b>	CM15-0091856		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old, female who sustained a work related injury on 7/25/12. She states she injured her right shoulder lifting a heavy patient. The diagnoses have included cervical degenerative disc disease, intractable neck pain, right shoulder pain, internal derangement right shoulder and muscle spasms. Treatments have included oral medications, Lidoderm patches, medicated pain cream, right shoulder injections, modified work duty, right shoulder surgery on 3/5/13, physical therapy and use of an arm sling. In the PR-2 dated 2/27/15, the injured worker complains of chronic, intractable neck and shoulder pain. She states "still having pain." Urine drug test is consistent with current therapy. The treatment plan for this visit includes a request for physical therapy to right shoulder, a follow-up with physician after physical therapy completed, refills of medications and to continue modified work duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine Drug Screen (DOS: 02/27/2015): 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 of 127.

**Decision rationale:** This claimant was injured almost three years ago, with a shoulder injury lifting a patient. She is on medication, oral and topical. She is post shoulder surgery. The urine drug test in the past has been consistent. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary.