

<b>Case Number:</b>	CM14-0143154		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old male with a reported injury on 05/21/2013. The mechanism of injury was not provided. His diagnoses included status post right shoulder surgery in 01/2014, right knee chondromalacia patella and degenerative changes, and myofascial low back pain. The injured worker's past treatments included medication and physical therapy. His diagnostic testing included a urine drug screen dated 01/14/2014 which was shown to be inconsistent with tramadol and hydrocodone. The medications were not detected as they had been previously prescribed. There were no relevant surgeries provided in the clinical documentation. On 07/28/2014, the injured worker complained of right shoulder pain, low back pain, and right knee pain. He rated the pain a 5/10 on the pain scale. He reported medication at current dosing facilitated maintenance of his activities of daily living with examples provided to include light household duties, shopping for groceries, grooming and cooking. Upon physical examination, tenderness of the right shoulder was noted. He was also noted with spasm of the lumbar paraspinal musculature and right cervical trapezius musculature less pronounced. His medications were listed as tramadol ER 150 mg, Naproxen sodium 550 mg, pantoprazole 20 mg and cyclobenzaprine 7.5 mg. The treatment plan was to continue with the request for postoperative MRI of the right shoulder, additional physical therapy of the right shoulder at 2 times per week for 3 weeks, to continue with request for physical therapy of the right knee at 3 times per week for 4 weeks and to continue and monitor all medication closely. The request for a random urine toxicology screen was received. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Random Urine Toxicology Screen, Qualitative and Quantitative per 8/5/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Official Disability Guidelines: Treatment: Pain Chronic, and CA M. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment: Pain Chronic, and CA Medical Treatment Utilization Schedule (7/18/09) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, ; Opioids: On-going management, Page(s): 43;78.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

**Decision rationale:** The California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids is pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The Official Disability Guidelines state if testing is appropriate, confirmatory testing is not required. Quantitative urine drug testing is not recommended due to variability in volumes of distribution and interindividual and intraindividual variability in drug metabolism. On 07/28/2014 it was noted a toxicology screening was reviewed and was consistent. The injured worker was noted to be compliant with his medications. A random urine toxicology screen on 08/05/2014 would have been unnecessary as the injured worker did not have documentation of aberrant behaviors. In the absence of documentation with evidence of aberrant behaviors or suspicion of illicit drug use, the request is not supported at this time. Therefore, the request of Retrospective Random Urine Toxicology Screen, Qualitative and Quantitative per 8/5/14 is not medically necessary and appropriate.