

<b>Case Number:</b>	CM13-0013314		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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 physician 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 patient is a 33-year-old male who reported an injury on 04/16/2012. The patient is diagnosed with cervical spine strain, lumbar spine strain and bilateral/lateral epicondylitis. The patient was seen by [REDACTED] on 07/30/2013. Physical examination revealed positive bilateral epicondyle tenderness to palpation, positive bilateral straight leg raising, positive bilateral Spurling maneuver, and intact strength and reflexes of bilateral upper and lower extremities. Treatment recommendations included continuation of current medication and 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 Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines On-Line.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Urine Drug testing.

**Decision rationale:** The MTUS Chronic Pain Guidelines state drug testing is recommend as an option to assess for the use or presence of illegal drugs. The Official Disability Guidelines state

the frequency of urine drug testing should be based on documented evidence of wrist stratification, including the use of a testing instrument. Patients at low risk for addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over a year ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Additionally, it does not appear that this patient is prescribed any opioid medication. Based on the clinical information received, the request for a urine drug screen is not medically necessary and appropriate.