

<b>Case Number:</b>	CM13-0013880		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/24/2007
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Service 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 Occupational Medicine and is licensed to practice in California. 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, carpal tunnel syndrome, and a ganglion cyst reportedly associated with an industrial injury of December 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; anxiolytic medications; topical agents; carpal tunnel release surgery in 2001; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of August 2, 2013, the claims administrator denied a request for urine drug testing. MTUS Guidelines were not cited whatsoever, although both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines do obliquely address the request at hand. As progress note of February 26, 2014 was notable for comments that the applicant reported ongoing complaints of 7/10 pain. The applicant was using Klonopin, Tylenol with Codeine, Norco, Voltaren, Butrans, and Cymbalta. Suboxone patches were ultimately endorsed to facilitate weaning the applicant's weaning off of medications. A July 17, 2013 urine drug screen was reviewed and was seemingly positive for opioids and negative for several other items. In addition to the point of care testing, the attending provider tested for seven different benzodiazepine metabolites and approximately 10 to 15 different opioid metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN, RETROSPECTIVE DOS: 07/17/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** In this case, however, the drug testing performed does not conform to [REDACTED] standards. The attending provider tested for multiple different opioid and benzodiazepine metabolites. Quantitative testing was performed, although ODG does not recommend quantitative drug testing outside of the emergency department drug overdose context. No clinical progress note or rationale was attached to the drug result so as to try and offset the unfavorable ODG recommendation. Accordingly, the request is not certified, on Independent Medical Review.