

<b>Case Number:</b>	CM13-0049333		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/02/2000
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Practice 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 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 65-year-old female who reported an injury on 06/02/2000. The mechanism of injury was not provided. The patient's diagnosis was noted to include bilateral carpal tunnel syndrome. The patient was noted to complain of neck pain and bilateral hand pain which was worse on the right. The patient indicated that the medications that she was taking gave significant improvement in pain with over 50% relief. The patient's pain level was noted to be 3/10 to 4/10 with medications and 6/10 to 7/10 with no medications. The request was made for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urine drug screen:** 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 Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend a urine drug screen if a patient has documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation that the patient had documented issues of

abuse, addiction or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.