

<b>Case Number:</b>	CM13-0051693		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and 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 patient is a 50-year-old male who reported an injury on 05/29/2012. The injury reportedly occurred when he was breaking down a wall at work and noted pain in his left shoulder and left wrist. He is diagnosed with bilateral shoulder sprain/strain with impingement; bilateral elbow sprain/strain with epicondylitis; and bilateral wrist sprain/strain with carpal tunnel syndrome. His symptoms are noted to include sharp bilateral shoulder pain with radiation to his arms/hands, sharp bilateral elbow pain, and severe sharp stabbing bilateral wrist pain. A urine toxicology report dated 04/04/2013 indicated that the test was positive for diazepam/Nordiazepam which was noted to be consistent with his medications. No other medications were detected. A recent medication list and clinical note was not provided for review.

### 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 Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIODS Page(s): 43,78.

**Decision rationale:** According to the California MTUS Guidelines, urine drug testing is recommended as an option to assess for the use or presence of illegal drugs. In addition, the guidelines recommend periodic drug testing for patients taking opioid medications with evidence of abuse or aberrant drug taking behavior. The clinical information submitted for review failed to provide any clinical notes more recent than the 04/09/2013 note which failed to indicate the patient's medication list. In the absence of a recent clinical note with the patient's medications and risk stratification to determine the need for a urine drug screen, the request is not supported. As such, the request is non-certified.