

<b>Case Number:</b>	CM13-0053442		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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/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 claimant was injured on 04/26/13. A urine drug screening was ordered and is now under appeal. She saw [REDACTED], orthopedic surgeon on 10/23/13. She was on restricted duty. Her mechanism of injury was cumulative trauma on multiple dates. This was from repetitive typing and computer use. She had aching pain in her neck, shoulders, hands and wrists, upper and mid back, with stress, anxiety, gastrointestinal (GI) issues and urinary incontinence. Her neck and back paraspinals were tender without spasm. The right shoulder was tender at the biceps tendon and acromioclavicular (AC) joint and left shoulder was mildly tender. The right elbow and wrists were tender, and she had positive Tinel's and Phalen's. She was diagnosed with cervical and thoracic strain, right shoulder bursitis, left shoulder bursitis and right upper extremity over use injury. She received a right shoulder injection. On 11/20/13, she saw [REDACTED] for persistent right shoulder pain and had received a right subacromial injection at her last visit, which helped. Her right upper extremity still bothered her. Her right wrist was accepted, but her shoulder and neck were not. She was using topical creams and was not attending therapy and was not working. She was noted to have impingement signs on physical examination. She had decreased active and passive range of motion. The first carpometacarpal (CMC) joint was mildly tender. There were positive Phalen's and Tinel's signs. There was tenderness of the thenar eminence and mild swelling. She was using a brace. She was status post a right shoulder MRI. An electromyography/nerve conduction velocity (EMG/NCV) study of the right upper extremity was ordered on 12/03/13. On 12/03/13, [REDACTED] indicated that he suspected carpal tunnel syndrome. There was no mention of a need for urine drug screen. A previous review indicated that she was using only ibuprofen and urine screening was not recommended. There was no mention of any suspicion of illegal drug use based on symptoms or findings.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREENING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; and the Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The Chronic Pain Guidelines indicate that drug testing may be "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the claimant was only taking ibuprofen and compliance with medication prescriptions does not appear to have been the indication. There is no evidence of any suspicion of illegal drug use or other questions about medication use to support this test. No indications for a urine drug screen were mentioned in the records that were submitted for review. The medical necessity of a drug test has not been clearly demonstrated.