

<b>Case Number:</b>	CM13-0066678		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 injured worker is a 50-year-old female who reported an injury on 03/25/2012 due to a fall while being chased by a dog. The injured worker complained of pain in her right hand, neck, and left knee; rated her pain at 6/10 on the VAS. Physical examination revealed that there were no muscle spasms elicitable or tenderness to her back. She had negative Tinel's signs in her elbows and her wrists. She had a carpal tunnel scar on her right wrist. Peripheral pulses were +2. Muscle strength was 5/5. Reflexes revealed +1 in the upper extremities; +2 at the knees and ankles with downgoing toes on resting for Babinski response. Diagnostic tests the injured worker has undergone were x-rays of the cervical spine, CT, and nerve conduction study. The injured worker has diagnoses of cervacotrpezial musculoligamentous sprain/strain with right upper extremity radiculitis, lumbar musculoligamentous sprain/strain with bilateral S1 joint sprain/strain, right shoulder periscapular sprain, right forearm overuse tendinitis, headaches, morbid obesity, diabetes type II, hypertension, and hyperlipidemia. Past treatments include surgery of the neck, trigger point injections, chiropractic therapy, medication management therapy, physical therapy, and medication therapy. Medications include Norco 10/325 mg 1 tablet every 6 hours as needed #120, Flexeril 7.5 mg 1 tablet 2 times a day as needed #60, and Colace for constipation. The current treatment plan is for 1 year analysis drug screening. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urinalysis drug screening:** 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 Drug testing Page(s): 4343.

**Decision rationale:** The request for 1 urinalysis drug screening is non-certified. The injured worker complained of right hand, neck and left knee pain. She rated her pain at a 6/10 on VAS. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The submitted report lacked any evidence of subjective and objective findings. There was also no documented evidence of the medication available at the time the injured worker was ordered the urine drug screen. Guidelines state drug screens are steps taking before an initial trial. There was no documentation as to how long the injured worker had been on any opioids. As such, the request for 1 urinalysis drug screen is not medically necessary and appropriate.