

<b>Case Number:</b>	CM14-0004911		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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:

This is a 33-year-old female with a February 28, 2011 date of injury. She was recently seen on November 4, 2013 with cervical, shoulder, elbow, and left wrist pain. She is noted to be taking her pain medications on a regular basis. Exam findings reveal tenderness and limited range of motion over the paracervical area, shoulders, elbows, wrist flexors, and a positive Tinel's over the median nerve bilaterally. The patient is noted to have CRPS of the upper extremities bilaterally, is currently in acupuncture for her cervical spine and upper extremities, and is seeing an internist for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE TOXICOLOGY SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients

under on-going opioid treatment. There are no progress notes or documentation provided after November 4, 2013. There is no mention of a urine drug screen or the rationale for one. The patient's current medications are not known. The request for one toxicology screen is not medically necessary or appropriate.