

<b>Case Number:</b>	CM14-0005081		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Physical Medicine & Rehabilitation 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 patient was injured on 01/19/2010. She reports she sustained an injury to her left hand because someone fell on it. PR2 dated 12/06/2013 reports the patient had complaints of pain in the left wrist/hand with finger weakness. Objective findings on exam revealed WHSS was present on the left hand 4th and 5th digits. She is status post trigger finger release of left hand. She was unable to make a fist and there was swelling in the left hand and fingers. She had +3 tenderness to palpation of the dorsal and volar wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY EACH MONTH (URINE IS COLLECTED AT EACH MONTHLY VISIT):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance

with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient had prior urine drug screen done on 10/02/2013 which was negative. Furthermore, there is no evidence of any addiction / aberrant behavior, non-compliance or diversion, in this patient to justify for repeat Drug urine test. Therefore, the request for urine toxicology each month is not medically necessary and appropriate.