

<b>Case Number:</b>	CM14-0157193		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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:

According to the records made available for review, this is a 42-year-old male with a 10/28/11 date of injury. At the time (9/11/14) of request for authorization for urine drug test QW x 4, there is documentation of subjective (right ring finger pain and thoracolumbar spine pain) and objective (lower thoracic midline tenderness, loss of normal lumbar lordosis, tenderness at the thoracolumbar junction) findings, current diagnoses (carpal tunnel syndrome and sprain thoracic region), and treatment to date (splitting and therapy). 8/1/14 medical report identifies none current medications. There is no documentation of abuse, addiction, or poor pain control and on-going opioid treatment and that the patient is at "moderate risk" or "high risk" of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Test QW x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. OGD supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and sprain thoracic region. However, there is no documentation of abuse, addiction, or poor pain control and on-going opioid treatment. In addition, there is no documentation that the patient is at "moderate risk" or "high risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Test QW x 4 is not medically necessary.