

<b>Case Number:</b>	CM14-0158650		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 53-year old male patient had a date of injury on 5/12/2012. The mechanism of injury occurred when he injured his bilateral wrists and elbows as a result of repetitive work as a labor worker. In a progress report dated 6/9/2014, the patient complained of weight gain, stress, jaw pain, gastritis, anxiety, and sleep disturbance. Objective findings: patient taking Naproxen 550mg #60, and Omeprazole 20mg #60. The diagnostic impression showed left shoulder sprain and impingement, right shoulder pain and impingement, right elbow epicondylitis, bilateral hand pain, and history of Gastroesophageal Reflux Disease (GERD). Treatment to date: medication management, behavioral modification, surgery, epidural steroid injections, physical therapy. A Utilization Review (UR) decision dated 8/22/2014 denied the request for Retrospective Urine Drug Test (5 panel rapid exam with P42) for date of service 7/23/2014. The rationale provided regarding the denial was that the patient was 2 years post injury and the only recent pain medication taken by this patient was a non-steroidal anti-inflammatory drug (Anaprox). A urine drug screen is supported only with documentation of opioid use in addition to risk assessment profile. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. The last urine drug screen test report was not provided, and without documentation of medical history of opioid medication, extenuating circumstances and psychiatric disorder such as aberrant behavior, medical necessity of Retro Urine Drug Test (5 panel rapid exam with P42) was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Test (5 panel rapid exam with P42): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78.

**Decision rationale:** CA MTUS 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. However, in the 6/9/2014 progress report, this patient was not documented to be on opiates. Naproxen was the only analgesic on the patient's analgesic regimen. Furthermore, there were no prior urine drug screens provided for review that suggest aberrant drug behavior. Therefore, the request for Retrospective Urine Drug Test (5 panel rapid exam with P42) for date of service 7/23/2014 was not medically necessary.