

<b>Case Number:</b>	CM14-0023556		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 21 year old male who reported an injury on 09/12/2013 of his left hand being caught in the conveyor belt. The injured worker had a history of left wrist pain with decreased sensation. Diagnosis of left hand contusion, sprain/strain to left wrist. The physical examination revealed significant pain passive flexion and extension with no measurement of degrees given however, VAS pain scale indicated that the injured workers pain level at current was 4/10, average pain 6/10 pain at best 2/10 and pain at worst was 9/10 with worst being 10 on the VAS scale and 0 being no pain noted. Treatment of care includes physical therapy, left wrist brace and continues with Norco 10-325 mg. The authorization form not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 44.

**Decision rationale:** The request for the drug toxicology is non-certified. The California Guidelines indicate that drug toxicology is recommended as in option, for the use of assessing

for illegal drugs. The California Guidelines also indicate it may be used for steps to take before a therapeutic trial of opioids, also for on-going treatment. The documentation provided states the injured worker was non-compliant with physical therapy and discharged on 10/01/2013 after completing 1/9 visits. In addition, there is a lack of documentation regarding aberrant behaviors to warrant a drug toxicology test at this time. Therefore, the request for drug toxicology is not medically necessary.