

<b>Case Number:</b>	CM14-0036006		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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:

The patient is a 53 year old female who sustained an industrial injury on September 11, 2011. Social history notes no use of illicit drugs. The patient is followed for diagnosis of cervical spine disc syndrome, right shoulder sprain/strain, bilateral wrist tendonitis, bilateral carpal tunnel syndrome left greater than right, low back pain and lumbar radiculopathy. Her medications consist of Vicodin, Flexeril, Quazepam, Protonix, and Motrin. The medical records indicate monthly urine drug screens from November 2013 to March 14, 2014. Prior UR ON 3/11/14 modified the request for urine toxicology request to allow for partial certification for a 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x 1. The medical records indicate monthly urine drug screens from November 2013 to March 14, 2014. Prior UR ON 3/11/14 modified the request for urine toxicology request to allow for partial certification for a 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, steps to avoid misuse/addiction Page(s): 43, page 94.

**Decision rationale:** The request for urine drug screen is not supported or medically indicated. The medical records indicate that the patient has been undergoing monthly urine drug screening. However the Chronic Pain Medical Treatment Guidelines state that frequent urine drug screens may be indicated to avoid misuse of opioids, and in particular for those at high risks of abuse. In this case, there is no evidence of misuse or risk of abuse to support the monthly urine drug screening. As such, the request for urine drug screen is not medically necessary.