

<b>Case Number:</b>	CM14-0039107		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 43 year old man who was injured while at work on 3/27/2013. The injuries were primarily to his right hand and wrist. He is requesting review of denial for the use of a urine drug screen. The medical records corroborate ongoing care for these injuries. The Primary Treating Physician's Progress Reports are included. They indicate that the patient has intermittent moderate dull right hand pain associate with grasping. Ongoing diagnoses include the following: Right Wrist Internal Derangement; Right Wrist Sprain/Strain; Right Wrist Tenosynovitis; Loss of Sleep; Anxiety; and Depression. The patient's chronic medications include: Condrolite, Cyclobenzaprine, Naproxen, Omeprazole, Zolpidem, and Topical Analgesic Creams. The treating physician notation regarding urine screen was "to r/o meds toxicity."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** 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 Page(s): 77..

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of urine drug screening. These guidelines state that the physician should "consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In review of the medical records, the treating physician's documented rationale, to rule out medication toxicity, is not consistent with these guidelines. The request for a urine drug screen is therefore not considered as medically necessary.