

<b>Case Number:</b>	CM14-0040193		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Internal 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 39 year old female who was injured on 10/13/2011. The mechanism of injury is unknown. The prior medication history as of 03/13/2014 included Naprosyn 550 mg, omeprazole 20 mg, Flexeril 7.5 mg, and Neurontin. The progress report dated 03/13/2014 states the patient presented with complaints of right lateral epicondylitis with severe numbness. She also has bilateral wrists pain. On the exam, she has positive tenderness of bilateral wrists. There is positive Tinel's of the wrists and range of motion is decreased with decreased sensation. The diagnoses are right elbow sprain, status post carpal tunnel release, and myofascial pain syndrome. The patient's medications were refilled and he was given a TENS unit. The plan included 4 trigger point injections to the right lateral condyle and a request for a urine screen is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Urine screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Criteria for use of opioids Page(s): 43, 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The ODG and CA MTUS recommends urine drug screening when there is concern for illegal substance abuse or for ongoing monitoring and management of certain medications such as opioid therapy. Some of the documents were handwritten and illegible. The documents did not identify a medication that requires monitoring with urine screening. The documents did not clearly identify the patient at risk for illegal substance abuse. The patient did have a urine drug screening in December 2013 that was negative and it is unclear why a repeat test is needed at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.