

<b>Case Number:</b>	CM14-0047209		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Practice 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:

49 year old female claimant sustained a work injury on 5/21/13 involving the upper extremities and low back. She had been diagnosed with carpal tunnel syndrome, lumbago, depression with anxiety and repetitive strain of the elbows and shoulders. She had been on long-term pain medications including Hydrocodone, Dilaudid and Trazodone. She had also used topical analgesics. She had undergone therapy, chiropractor sessions, and trigger point injections. A progress note on September 27, 2013 indicated the claimant had continued pain and that Norco and Dilaudid was not effective enough. A DEA noted that the claimant was not receiving medications from other physicians. She was given Buprenorphine and A request for a urine sample for screening purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro - urine drug screen performed 9/27/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, steps to avoid misuse/addiction Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.