

Case Number:	CM14-0145509		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2001
Decision Date:	12/09/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on February 12, 2001, incurring neck and right shoulder injuries. He was diagnosed with right rotator cuff syndrome, SLAP lesion, cervical spondylosis, bilateral epicondylitis and right carpal tunnel syndrome. Treatment included pain medications, anti-inflammatory drugs, antidepressants and proton pump inhibitor, physical therapy, trigger point injections, acupuncture, transcutaneous electrical stimulation unit, and surgical interventions. Currently, the injured worker complained of constant severe pain in the right shoulder, both elbows, both wrists and both hands. She noted swelling in the right arm and hand. She had restricted range of motion in her neck, shoulder hands and elbows. She continued with medication management for continued pain relief. The treatment plan that was requested for authorization included a medicated urinary drug kit for a date of service for July 3, 2014. On August 21, 2014, a request for a medicated urinary drug kit was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 7/3/14: 1 Active-Medicated Urinary Drug Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cadwallader AB1, de la Torre X, Tieri A,

Botre' F, The abuse of diuretics as performance-enhancing drugs and masking agents in sport doping: pharmacology, toxicology and analysis. *Bj Pharmacol.* 2010 Sep; 161 (1):1-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

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 is 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. In addition, there is no justification for using the particular medication kit or how it may provide benefit in opioid compliance. Based on the above references and clinical history, a medicated urinary drug kit is not medically necessary.