

<b>Case Number:</b>	CM14-0183277		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 New York. 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 male with a date of injury of 07/21/2013. While getting out of a truck he injured his left arm/triceps, back and elbow. On 08/06/2013 he had a repair of the left triceps tendon rupture. On 05/06/2014 he was negative for prescribed Hydrocodone. He was also treated with cyclobenzaprine cream and ibuprofen cream. On 08/13/2014 he was P&S. On 09/17/2014 he had left elbow stiffness, pain and weakness. He also had lumbar stiffness and weakness. The left elbow strength was 3/5. He was treated with cyclobenzaprine cream and ibuprofen cream. Another urine drug screen was approved on 09/29/2014. This is a request for another drug screen at this time.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Urine Drug Screen

**Decision rationale:** MTUS, Chronic Pain, Opioids On-going Management notes that urine drug tests may be useful for issues of abuse, addiction or poor pain control. None of these issues appear to be present. ODG notes a baseline urine drug test and further testing 2 to 3 times a year may be useful if there is a moderate or high risk of opiate abuse or addiction. There is no documentation of opiate abuse or addiction and the previous time in 06/2014 when hydrocodone was prescribed, it was not used. Also another urine drug test was certified on 09/29/2014. Continued frequent drug testing in this patient without documented opiate abuse/addiction is not consistent with MTUS guidelines or ODG.