

<b>Case Number:</b>	CM14-0188642		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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: California  
 Certification(s)/Specialty: Internal Medicine

### 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 47 year old female, who sustained an industrial injury on 1/6/14. She reported pain in hands, wrists, fingers, shoulders and back. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, bilateral wrist/hand pain, lumbosacral spine sprain/strain, lumbosacral spine herniated nucleus pulposus and bilateral hip strain. Treatment to date has included oral medications, topical medications, physical therapy, chiropractic therapy, home exercise program and shock wave treatment. Currently, the injured worker complains of pain in lower extremity with radiation to all areas. The injured worker states the medications and creams are helpful as is physical therapy, chiropractic therapy, home exercise program, shockwave treatment. The patient is being treated with Ultram and Flexeril to control her pain. Upon physical exam, decreased range of motion is noted of bilateral wrists and lumbar spine with spasm. The treatment plan consisted of chiropractic treatments, acupuncture treatments and continuation of topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 43, 76, 77.

**Decision rationale:** The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. This patient is on Ultram and Flexeril for chronic pain and she may need such meds on a chronic basis. Therefore, it would be beneficial to screen one time for the use of other drugs and to assure the patient is compliant with her treatment regimen. Therefore, the MD should be allowed to administer this test and it is medically appropriate.