

<b>Case Number:</b>	CM14-0208702		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, 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:

This is a 39 year old female patient who sustained a work related injury on 8/30/13 Patient sustained the injury due to cumulative trauma. The current diagnoses include sprain of the cervical, lumbar region and sprain of the bilateral shoulder and bilateral CTS. Per the doctor's note dated 10/16/14, patient has complaints of neck pain at 3/10, low back pain at 4/10, bilateral shoulder pain at 3/10 and wrist pain at 4/10. Physical examination revealed limited range of motion and tenderness on palpation of the cervical and lumbar region, negative empty can test, positive tincl sign at bilateral wrists. The current medication lists include Ibuprofen, Prilosec, Neurontin, Flexeril and topical medication The patient has had MRI of the cervical spine that revealed disc bulge; MRI of the left wrist that revealed subchondral cyst and MRI of the right wrist that was normal. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT, chiropractic, acupuncture visits and shock wave therapy visits for this injury. The patient has used TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology testing one times every six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 43; 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

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

**Decision rationale:** Per the California MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medication list contains Ibuprofen, Prilosec, Neurontin, Flexeril and topical medication. Whether or not the patient is taking any opioid medication or any other controlled substance, is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for toxicology testing one times every six weeks is not fully established in this patient.