

<b>Case Number:</b>	CM14-0209148		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/06/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Occupational Medicine 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:

This individual is a 59 y/o female who has developed upper extremity problems subsequent to an injury dated 11/6/07. She has been diagnosed with right shoulder impingement and rotator cuff syndrome. In addition, her diagnosis includes left Cubital Tunnel Syndrome and right Carpal Tunnel Syndrome. She is reported to utilized Hydrocodone on an as needed basis. A urine drug screen is requested. There is no history of medication misuse. A prior urine drug screen was reported on 8/1/14 and no problems were identified with it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urinalysis (DOS: 10/20/14):** 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 Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screens

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend periodic urine drug screens if opioids are utilized on a chronic basis. The Official Disability Guidelines adds additional details regarding a reasonable frequency of testing based on risk

factors. This individual is low risk for which guidelines recommend only annual testing. The last urine drug screen was on 8/01/14 which makes the request for repeat testing non-compliant with guidelines. The retrospective request for repeat urinalysis for drug screening for date of service Oct 20, 2014 is not medically necessary.