

<b>Case Number:</b>	CM14-0077584		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain Management 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:

The injured worker is a 43 year-old male truck driver with an original date of injury on 7/25/2013. The mechanism of injury was falling out of the truck backwards and tearing left triceps tendon. The industrially related diagnoses are sprain/strain of elbow, enthesopathy of elbow, lesion of ulnar nerve, and sprain/strain of lumbar spine. The patient has undergone repair of triceps tendon on 8/6/2013. The patient had an MRI of left elbow due to worsening pain; the MRI showed postsurgical changes with severe tendinosis of the distal triceps tendons with an associated partial tear at the level distal triceps tendon insertion on the olecranon. The patient was given Tramadol and Flexeril first, then Vicodin for pain. Patient had multiple urine drug screens indicating inconsistent opioid use on 12/16/2013, 2/3/2014, and 3/17/2014. A urine drug screen on 11/18/2013 showed that patient has non-compliant with taking Flexeril. The disputed issue is the request for urine drug screen test. A utilization review dated 5/7/2014 has denied this request. The stated rationale for denial was because the patient has already had 4 urine drug screens in 5 months, an additional urine drug screen was not indicated 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 Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient has had multiple urine drug screens indicating medication non-compliance on 11/18/2013, 12/16/2013, 2/3/2014, and 3/17/2014. Given this information, the patient would be considered high risk for aberrant behaviors. Therefore, monthly testing would be reasonable. However, the patient did have additional urine drug screen after this request was made. On 9/17/2014, the urine drug screen again showed inconsistent use of hydrocodone medication. Therefore the request of urine drug screen made in 5/2014 is no longer medically necessary.