

<b>Case Number:</b>	CM15-0007225		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on January 17, 2014. She has reported right elbow pain due to repetitive use while forcing pepperoni into a machine. The diagnoses have included lateral epicondylitis of the right elbow with a possible tear of the extensor retinaculum of the elbow. Treatment to date has included electromyogram and nerve conduction study of bilateral upper extremities, X-ray of the right elbow and forearm showed mild soft tissue swelling, oral pain medication and topical pain medication. On December 14, 2014 Utilization Review non-certified a urine toxicology screening noting, Official Disability Guidelines was cited. On December 9, 2014, the injured worker submitted an application for IMR for review of urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter for Urine Drug Testing

**Decision rationale:** Based on the 11/06/14 progress report provided by treating physician, the patient presents with right upper extremity pain due to repetitive use. The request is for URINE TOXICOLOGY SCREENING. Patient's diagnosis per Request for Authorization form dated 01/05/15 included carpal tunnel syndrome. Patient's medications include Orphenadrine, Gabapentin, Omeprazole and Hydrocodone. The patient is temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Per progress report dated 11/06/14, treater is requesting "urine toxicology screening to check efficacy of medications." Urine toxicology has been performed on 10/27/14, per laboratory report. Per progress report dated 12/04/14, the patient has been scheduled for Carpal Tunnel Release on 12/16/14 and urine toxicology screening has been administered. Per progress report dated 12/22/14, the patient is status post right carpal tunnel release, and treater is requesting authorization for "urine toxicology screening to check efficacy of medications." The treater does not document that this patient is a moderate or high risk opiate user requiring more frequent UDS's than once a year or so. Therefore, the request IS NOT medically necessary.