

<b>Case Number:</b>	CM15-0104723		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
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 55 year old male, who sustained an industrial injury on July 7, 2010. He reported losing his footing and falling, fracturing the right radius and ulna, requiring open reduction and internal fixation. The injured worker was diagnosed as having profound weakness of the right arm post catastrophic fracture of the right radius and ulna. Treatment to date has included physical therapy, and medication. Currently, the injured worker complains of stiffness and pain in his right arm with weakness. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker with profound pain in his right forearm with decreased range of motion (ROM) of supination and pronation, with decreased strength of his right arm which was significant and profound. The treatment plan was noted to include Gabapentin and Tizanidine at night, Naproxen and Omeprazole twice a day, with a urine drug screen (UDS) performed.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis is profound weakness right arm catastrophic fracture right radius and ulnar. There is no documentation in the medical record of aberrant drug-related behavior, drug misuse or abuse. A urine drug toxicology screen was ordered to monitor compliance. The injured worker does not take opiate medications. There is no documentation of a risk assessment. Consequently, absent clinical documentation with a clinical rationale for a urine drug toxicology screen in the absence of aberrant drug-related behavior, drug misuse and abuse and a risk assessment, urine drug testing is not medically necessary.