

<b>Case Number:</b>	CM15-0139227		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: 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:

The injured worker is a 49-year-old female who sustained an industrial injury on 3-28-11. Diagnoses are bilateral carpal tunnel syndrome, impingement syndrome right shoulder, strain-sprain cervical spine with bulging disc, L5-S1 5 mm herniated nucleus pulposus of the lumbar spine with right side radiculopathy, status post right shoulder arthroscopy; subacromial decompression; distal clavicle resection 7-12-12, status post carpal tunnel release surgery 6-5-14, status post right carpal tunnel release 10-16-14, right thumb trigger finger, and chronic myofascial pain. In a primary treating physician's progress report and request for authorization dated 6-16-15, the physician notes she is currently utilizing Ultram 1 to 2 tablets a day for pain, Zanaflex 1 tablet 1 to 2 times a day for muscle spasms and myofascial pain and Prilosec 1 tablet a day for stomach upset secondary to the medication. Overall, she notes functional improvement with her medication regimen. She rates the pain as 6 out of 10 with medication and 9 out of 10 without medication. It is noted that an opioid treatment agreement was reviewed with her and she agrees to abide by the rules. The plan is for a urine drug screen to be performed at the next visit for medication compliance. Work status is to remain off work until 7-31-15. The requested treatment is for a urine drug screen. The medication list includes Zanaflex, Tramadol, Anaprox and Prilosec The patient sustained the injury due to slip and fall incident. A recent urine drug screen report was not specified in the records provided.

### 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 Opioid ongoing use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines. Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 07/15/15) Urine drug testing (UDT).

**Decision rationale:** Urine drug screen - Per the CA 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". Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". "Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results". The medication list includes Zanaflex, Tramadol, Anaprox and Prilosec. Evidence that the pt is taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Urine drug screen is not fully established in this patient and therefore is not medically necessary.