

<b>Case Number:</b>	CM15-0148309		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/19/2004
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 53 year old male who sustained an industrial injury on January 19, 2004. A nursing note dated April 27, 2015 reported current medications were: Amitriptyline, Neurotrophin, Oxycodone 10mg, Oxycodone 30mg, Restoril, Soma, Valium, and Zofran. The worker noted calling the office states anterior incisional site is with redness with note of a prescription for Keflex 500mg called into the pharmacy. A primary treating office visit dated July 27, 2015 reported subjective complaint of bilateral wrist, bilateral elbow, and bilateral shoulder pains. Current medications are: Oxycodone 15mg, Valium, and Colace. Of note, she is allergic to: Codeine, Morphine, NSAIDS, and Gabapentin. She is permanently disabled. The impression noted the worker with: status post ulnar nerve transposition; bilateral medial epicondylitis; bilateral lateral epicondylitis; bilateral elbow osteoarthritis; status post multiple bilateral shoulder surgeries; multiple bilateral wrist surgeries; bilateral shoulder, wrist and elbow pains; bilateral shoulders, wrist and elbow with internal derangement. The plan of care is recommending an around the clock extended release pain medication as she is taking too many short-acting narcotics. She was prescribed Lyrica, Oxycodone 15mg, 1-2 tabs every 6 hours as needed by mouth; OxyContin 30mg, Skelaxin, and Nortriptyline. She is to follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen (DOS 07/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen 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, retrospective urine drug testing date of service July 16 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, 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 diagnoses are status post ulnar nerve transposition; bilateral medial epicondylitis; bilateral lateral epicondylitis; bilateral elbow osteoarthritis; status post multiple bilateral shoulder surgeries; multiple bilateral wrist surgeries; bilateral shoulder pain, wrist pain, elbow pain; bilateral shoulder internal derangement; bilateral elbow and wrist internal derangement. The date of injury is January 19, 2004. Request for authorization is July 27, 2015. Documentation indicates the injured worker had #2 emergency department visits on May 19, 2015 and July 31, 2015. The injured worker received Dilaudid. According to a July 16, 2015 first visit encounter, the injured worker has bilateral wrist, elbow and shoulder pain. Pain scores are 4/10. The injured worker takes Oxycodone, Soma, Valium and Docusate. There are no urine drug screens in the record. There is no documentation the new treating provider reviewed the prior medical records. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical rationale for the urine drug screen. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines with a clinical indication and rationale for a urine drug screen, retrospective urine drug testing date of service July 16 2015 is not medically necessary.