

<b>Case Number:</b>	CM15-0200139		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

This is a 43 year old male with a date of injury of June 6, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome status post release, right knee contusion with patellofemoral malalignment, and right lateral ankle sprain. Medical records (September 24, 2015) indicate that the injured worker complained of left wrist pain and weakness with clicking and catching, mild right knee pain, and mild right ankle pain. Per the treating physician (September 24, 2015), the employee was temporarily partially disabled with no use of the left arm. The physical exam (September 24, 2015) reveals tenderness of the radioulnar joint with clicking, decreased grip strength of the left hand, positive Tinel's sign decreased sensation to light touch in the thumb and index finger of the left hand, mild intra-articular effusion of the right knee, positive patellar grind test, and tenderness over the right lateral malleolus. Treatment has included left carpal tunnel release and medications. A list of the injured worker's prescribed medications was not included in the submitted documentation. The treating physician did not document results of past urine drug screens. The current medication list was not specified in the records specified.

### 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 Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 10/09/15), Urine drug testing (UDT).

**Decision rationale:** Request: Urine toxicology screening. 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, "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 current medication list was not specified in the records specified. Evidence that the patient 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 toxicology screening is not fully established in this patient. Therefore, the request is not medically necessary.