

<b>Case Number:</b>	CM15-0055966		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Arizona, 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 34-year-old male, who sustained an industrial injury on June 4, 2012. The injured worker was diagnosed as having cervical and thoracic sprain/strain, cervical disc bulge, left rib fracture, carpal tunnel with release, sternal trauma, anxiety, depression and headache. Treatment and diagnostic studies to date have included multiple shoulder surgeries, therapy and medication. A progress note dated November 24, 2014 provides the injured worker complains of neck, shoulder, trapezial and left wrist pain. He complains of swelling at the left wrist incisional site with severe tenderness. Magnetic resonance imaging (MRI) and electromyogram are mentioned. Physical exam notes weakness of the shoulders, pain and stiffness of the left wrist. There is a request for labs for drug compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening quantitative and confirmatory screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. In this case, the claimant has had several prior urine screens in the past year indicating results consistent with medications taken. Based on the above references and clinical history a urine toxicology screen is not medically necessary.