

<b>Case Number:</b>	CM15-0082907		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/12/1989
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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

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 70-year-old female who sustained an industrial injury on 12/12/1989. The injured worker was diagnosed with Reflex Sympathetic Dystrophy Syndrome (RSD) of the upper extremity, carpal tunnel syndrome, closed metatarsal fracture, low back pain, and lumbago. The injured worker is status post a sympathectomy (1990). Treatment to date includes diagnostic testing, conservative measures, surgery, physical therapy, behavioral psychology and opioid medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) UTOX with active medicated specimen collection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cadwallader AB1, de la Torre X, Tieri A, Botre F. The abust of diuretics as performance-enhancing drugs and masking agents in sport doping: pharmacology, toxicology and analysis. Br J Pharmacol. 2010 Sep; 161 (1) : 1-16 and Pearson SD1, ASh KO, Urry FM. Mechanis of false negative urine cannabinoid immunoassay screens by Visine eyedrops. Clin Chem. 1989 Aprl; 35 (4): 636-8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug test, Opioids Criteria for use Page(s): 43, 75-78. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0454f6f8-6fd1-46da-bc48-4b7849689a29>.

**Decision rationale:** The injured worker is on chronic opioid therapy, and while a urine drug screen is supported per the MTUS guidelines, the request for urine drug screen with active medicated specimen collection is not supported. Furosemide and benzalkonium chloride can mask the presence of illicit and non-prescribed substances and is therefore not supported. The request for One (1) UTOX with active medicated specimen collection is not medically necessary and appropriate.