

<b>Case Number:</b>	CM13-0038067		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55 year old female with a date of injury on 9/12/11 attributed to repetitive use of the right hand, arm and wrist. She is diagnosed with cervical discopathy, s/p carpal tunnel/cubital tunnel syndrome and double crush syndrome. The patient was evaluated on 8/7/14 complaining of neck and bilateral wrist pain. A urine specimen was obtained. The patient awaiting authorization for MRI scan of the right hand and thumb. The patient can continue taking her medications. Imitrex was dispensed for headaches associated with neck pain. AME dated 9/4/13 stated that the patient takes Sumatriptan and Treximet. Peer review was performed on 9/24/13 at which time UDS on 8/19/13 was retrospectively non-certified. The prior peer reviewer requested documentation of medical necessity of US and subjective and objective diagnosis to support the request for UDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis drug screening retrospective 8/19/2013 and 8/19/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test ,Opioids Page(s): 43,75-78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. In addition, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. As such, uring drug screen would not have been medically necessary.