

<b>Case Number:</b>	CM14-0142184		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational 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 38-year-old female who has submitted a claim for chronic cervical strain, bilateral upper extremity overuse syndrome, right upper extremity radicular pain, and chronic lumbar strain associated with an industrial injury date of 8/1/2013. Medical records from 3/6/2014 up to 7/10/2014 were reviewed showing persistent pain in neck 6/10, lower back 8/10, right shoulder 6/10, and right elbow 6/10. Pain radiates to her bilateral arms. Pain is relieved with rest and medications and aggravated by weather and activities. The patient is currently not working. Examination of the cervical spine revealed decreased ROM, tenderness, and positive shoulder depression test and Spurling's test. Examination of the lumbar spine revealed slight decreased range of motion (ROM) with tenderness and positive Kemp's sign. Examination of the right shoulder revealed slight decreased ROM with tenderness. Examination of the right elbow revealed full ROM and tenderness. Treatment to date has included Flexeril, Motrin, and Kera-Tek cream. Utilization review from 8/13/2014 denied the request for urine toxicology screen. There are no signs of drug dependency or any concerns for misuse or abuse for which drug testing would be warranted. Additionally, the medical records do not establish any previous negative urine drug screens that would raise a red flag as to support a current urine drug screen. Consequently, the requested urine drug screen is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the patient is using Flexeril, Motrin, and Kera-Tek. However, she is not documented to be taking opioids. A urine drug screen (UDS) was done on 6/10/2014 and was not noted to be inconsistent with prescribed medications. Therefore, the request for urine toxicology screen is not medically necessary.