

<b>Case Number:</b>	CM14-0080166		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Internal 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 injured worker is a 34 year old female whose date of injury is 10/31/2013. The mechanism of injury is described as repetitive work activities. Diagnoses are left wrist status post-surgery 02/04/14, and right wrist carpal tunnel syndrome. The injured worker underwent left wrist surgery on 02/04/14. Note dated 02/05/14 indicates that the injured worker was given a prescription for Norco and Percocet. The injured worker underwent drug compliance and diversion screen on 02/05/14 to assess the injured worker's compliance and to identify signs of the possibility of drug diversion and drug-drug interactions. Results were positive for hydrocodone and hydromorphone. The injured worker subsequently underwent repeat urine drug screen on 02/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen (DOS 2/20/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain procedure summary last updated 04/10/14 Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Based on the clinical information provided, the request for retrospective urine drug screen (DOS 02/20/14) is not recommended as medically necessary. CA MTUS guidelines note that drug testing is recommended to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The injured worker underwent prior urine drug screen on 02/05/14 and results were consistent with prescribed medication. There is no clear rationale provided to support repeat urine drug screen less than one month later on 02/20/14 as there is no documentation of high risk of addiction/aberrant behavior or medication misuse or abuse. Therefore, medical necessity is not established in accordance with CA MTUS guidelines.