

<b>Case Number:</b>	CM15-0016709		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 46 year old female, who sustained an industrial injury on April 11, 2000. She has reported neck pain and right shoulder pain. The diagnoses have included rotator cuff syndrome, right cranial nerve palsy, left shoulder overuse syndrome, cervical spine disc syndrome, and chronic regional pain syndrome. Treatment to date has included medications. A progress note dated October 15, 2014 indicates a chief complaint of continued neck pain and right shoulder pain. Physical examination showed decreased range of motion of the cervical spine and right shoulder, cervical spine tenderness, and dystrophic right hand. The treating physician is requesting a pharmacy purchase of activated-Medicated specimen collection kit. On January 9, 2015 Utilization Review denied the request. No guidelines were cited as addressing the request, but Utilization Review noted that there was insufficient documentation to support the medical necessity of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for DOS: 11/12/2014 for a pharmacy purchase of active-Medicated specimen collection kit: 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 Opioids, drug screens, steps to avoid misuse/addiction & urine drug screen to assess for the use. Decision based on Non-MTUS Citation Pain (chronic) -Urine drug testing (UDT) & <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm>

**Decision rationale:** Retrospective review for DOS: 11/12/2014 for a pharmacy purchase of active-Medicated specimen collection kit is not medically necessary. The MTUS and the ODG do not specifically discuss the active medicated specimen collection kit. There are ODG and MTUS urine drug testing guidelines which were reviewed. A review online revealed that an active medicated specimen collection kit contains furosemide 20mg tablet; 3x benzalkonium chloride towelettes; 1x sterile urine collection cup w/ temperature strip; 1x specimen bag. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG recommends urine drug testing as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Medical necessity for a urine drug screen is based on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. There is no rationale why the patient requires this medicated specimen collection kit. The request for a pharmacy purchase of active-Medicated specimen collection kit is not medically necessary.