

<b>Case Number:</b>	CM15-0112967		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 04/30/2014. Mechanism of injury was cumulative trauma, affecting her neck, upper extremities and back as well as psyche issues. Diagnoses include cervical sprain/strain, sprain of shoulder and upper arm, impingement syndrome, aseptic necrosis of bone, anxiety, depression, medial epicondylitis, and pain in joint involving the hand. Treatment to date has included diagnostic studies, and medications. The injured worker is currently working for her pre-injury employer. A physician progress note dated 04/09/2015 document the injured worker has no complaints of physical pain on this date. She suffers from anxiety and depression. On this day the treatment plan was for topical medications. The injured worker is not on any opioid medications, or controlled substances. Treatment requested is for urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker complains of no pain and is only prescribed topical medications. There is no indication for the use of urine toxicology. The request for urine toxicology is not medically necessary.