

<b>Case Number:</b>	CM15-0116493		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury on 6/13/13. She subsequently reported neck and left wrist pain. Diagnoses include cervical strain and left carpal tunnel syndrome. The injured worker continues to experience neck pain and weakness in the right upper extremity. Upon examination, it was noted that the injured worker was 5 feet 7 inches and weighed 125 pounds, blood pressure was 114/ 93 and pulse was 62. A request for urine drug testing was made by the treating physician. Urine drug screens performed on May 9, 2014, August 15, 2014, and May 22, 2015 were inconsistent, identifying hydrocodone as prescribed but not detected. A progress report dated May 28, 2015 indicates that the patient is taking hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127.

**Decision rationale:** Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. Finally, there is no indication that the patient has addressed at the previous inconsistencies within urine drug testing. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.