

<b>Case Number:</b>	CM15-0126067		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on September 6, 2011. She reported a cracking sensation and immediate pain in her left elbow radiating to the left wrist and the onset of neck pain. Within two weeks, she noticed numbness in both hands and feet, the onset of low back pain and pain in her right wrist. The injured worker was diagnosed as having cephalgia, status post extensive cervical spine fusion, status post left elbow symptoms, tendinitis bilateral wrists, lumbar spine sprain and strain, myofascitis, depression and anxiety. Treatment to date has included diagnostic studies, surgery, epidural steroid injections, medications and physical therapy. On May 26, 2015, the injured worker complained of daily neck pain, constant left shoulder pain, daily left elbow pain, constant right wrist pain, constant left wrist/hand pain and constant lumbar spine pain. The treatment plan included follow-up visits and medications. On June 18, 2015 Utilization Review non-certified the request for one random urine drug screen, citing CA MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screen times 1:** Upheld

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

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

**Decision rationale:** CA MTUS states that drug testing is recommended as an option to assess for the use or presence of illegal drugs. In this case, the claimant underwent a consistent urine drug screening (UDS) on 3/9/2015. This claimant exhibits no evidence of drug-seeking behavior, is utilizing her medication appropriately as prescribed and the UDS previously cited shows evidence of compliance with prescribed medications. Further, there is no additional information indicating that the claimant is greater than low risk. Therefore it is not medically necessary to perform a UDS on greater than a yearly basis according to guidelines. This request is deemed not medically necessary.