

<b>Case Number:</b>	CM13-0002829		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 61 year old man with an injury date of 8/9/05. He was evaluated on 6/13/13 for complaints of debilitating back pain due to his work injury and a recent motor vehicle accident two days prior. He complained of pain between his shoulder blades, bilateral knee pain, right shoulder /arm pain and mid back pain. His current medications were Ambien, Prilosec and Adderall XR. His orthopedic exam showed that he was in no distress with normal mental status. A joint exam was not performed. His prior diagnostic /imaging studies were reviewed. He was diagnosed with impingement syndrome and the plan was for Dicloxacillin and acupuncture, derangement of knee with an orthovisc injection performed and a urine drug screen was ordered. The urine drug screen is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77-78.

**Decision rationale:** This injured worker has a history of chronic pain in multiple joints since 2005. He has had various diagnostic and treatment modalities and currently receives Prilosec, Adderall and Ambien. The records do not document that he is taking narcotics. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, with no narcotics as medications, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The urine drug screen is not medically necessary.