

<b>Case Number:</b>	CM13-0018825		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Family Practice, and is licensed to practice in California. 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 patient is a 61-year-old female who reported an injury on 11/15/2004. The injury was noted to have occurred in her course of her usual work duties. Her diagnoses include lumbar radiculitis, cervical radiculitis, depression, anxiety, osteoarthritis of the right knee, chronic pain, status post left total knee arthroscopy, right shoulder surgery, and acute left heel pain. Her medications are noted to include vitamin D 6000 units a day, Naproxen 500 mg twice a day, Pantoprazole 20 mg twice a day, Voltaren 1% gel apply 3 times a day, and Norco 10/325 mg twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, and University of Michi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, section on Opioids Page(s): 78..

**Decision rationale:** According to the medical records provided for review, the patient had a urine drug screen on 07/09/2013 which was noted to be ordered to assist in monitoring adherence to a prescription drug treatment regime. However, it was also noted that the patient has been a

long-term user of opiates and has been compliant with her medication use. It was also noted that she had been assessed for potential sequela of therapy including opioid intolerance, hyperalagia, tolerance, pseudoaddiction, and addiction. However, the results of these assessment/screenings were not provided for review. The MTUS Chronic Pain Guidelines state that the use of drug screening is recommended for patients with documented concern for abuse, addiction, or poor pain control. The clinical information submitted for review fails to address whether the patient has shown any signs consistent with possible abuse or addiction. Additionally, it was noted that the patient has been compliant with her medication program. Therefore, the request for urine drug screen is not medically necessary and appropriate.