

<b>Case Number:</b>	CM13-0021884		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	03/23/1981
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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.

### 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 50-year-old female who reported an injury on 03/23/1981 due to cumulative trauma while performing normal job duties. The patient reported pain and numbness in her bilateral upper extremities. The patient was initially treated with medications and physical therapy. This was followed by corticosteroid injections. Physical findings included tenderness to palpation of the posterior side of the neck, tenderness to palpation of the right acromioclavicular joint, positive impingement sign on the right. The patient's diagnoses included discogenic disease of the cervical spine and right shoulder impingement. The patient's medications included Norco 10/325 mg, Fexmid 7.5 mg, Motrin 800 mg, Restoril, Ativan, and Cymbalta. The patient submitted to a urine drug screen on 05/01/2013 and was positive for hydrocodone and hydromorphone which is consistent with the patient's prescribed medication schedule. The patient's treatment plan included continued home exercise program, medications, and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urinalysis drug screening performed on 5/9/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Opioid Management Page(s): 78.

**Decision rationale:** The requested urine drug screen performed on 05/09/2013 was not medically necessary or appropriate. The patient is on medications that would require monitoring for aberrant or non-adherent behavior. The clinical documentation submitted for review does indicate that the patient underwent a urine drug screen on 05/01/2013 that was consistent with the patient's prescribed medication schedule. A suspicion of aberrant or non-adherent drug related behavior is not supported in the documentation. The need for an additional urine drug screen on 05/09/2013 is not clearly identified within the documentation. The request for the urine drug screen is not medically necessary and appropriate.