

<b>Case Number:</b>	CM13-0025913		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 pt is a 43 y.o. female with a h/o injury 10/29/08. Her diagnoses include chronic pain, depression, cervical disc disease and muscle spasms. On a visit to an MD 9/6/13, she c/o neck pain radiating to upper extremities bilaterally. Her medications included Soma, Naprosyn, Gabapentin, Trazadone, Xanax, Abilify, Wellbutrin, Latuda, Norco, Fiorinal and Ambien. A urine drug screen was done 2/13, 7/13 and 8/13. UR denied request for this test 9/12/13. An appeal was made 9/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab: Acetaminophen, Aspirin, Trazadone, Carisoprodol, Gabapentin, Hydrocodone, Alprazolom:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG, TWC, Pain Procedure Summary, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 94.

**Decision rationale:** Per guidelines, screening urine toxicology is done for a variety of reasons. These include provider suspicion of substance abuse, to identify aberrant opioid use and to check

for adherence to a prescribed program. There is no documentation as to why test was ordered repeatedly. The decision of the utilization reviewer is not reversed.