

<b>Case Number:</b>	CM13-0029590		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Texas. 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 42-year-old injured worker who reported injury on 03/01/2008. The mechanism of injury was not provided. The patient was noted to undergo a urinalysis on 03/27/2013 that was appropriate for the medications that were prescribed. The patient's diagnoses were noted to include sprains and strains of elbow and forearm. The request was made for a retrospective review: in office random 12-panel urine drug screen date of service 6/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for in office random 12-panel urine drug screen date of service 6/27/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient had a previous urine drug screen that was appropriate for the medications that were prescribed. Clinical documentation failed to provide the patient

had documented issues of abuse, addiction, or poor pain control. The request for retrospective review in office random 12 panel urine drug screen date of service 06/27/2013 is not medically necessary and appropriate.