

<b>Case Number:</b>	CM13-0041805		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Rhode Island. 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's date of injury is 5/16/07. He has chronic pain from DJD of the cervical and lumbar spine. He also has spondylosis of cervical and lumbar spine. No myelopathy is present. He has been on a multi drug regimen to control pain for a number of years. The test in question is a urine drug screen from 7/30/12. At that time he appears to have been prescribed Percocet (10/325) cymbalta, duragesic patch, celebrex. The exam shows some cervical and lumbar spasm, no motor loss or sensory level in cervical or lumbar distribution. No imaging is available from that time period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**urine drug screen test on 7/30/12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

**Decision rationale:** The beneficiary appears to be a low to moderate risk for addiction/dependence. There appears to be urine drug screen on 7/30/12 and 8/7/13. This is approximately one year apart. The 7/30/12 drug screen is medically necessary to determine

compliance with oxycodone that he was prescribed at the time. The guidelines do state that monitoring is important for compliance and diversion and monitoring use of other drugs. It does not appear that he is getting frequent drug screening.