

<b>Case Number:</b>	CM13-0042217		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine 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 expert 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 58 year old male who was injured on 04/26/2013 while unloading and loading a motor steel motor steel platform walker. He felt a severe painful pulling sensation to his neck, right shoulder and lower back. A drug Screen performed on 08/27/2013 revealed inconsistent results for Cyclobenzaprine. A PR-2 dated 11/18/2013 revealed the patient is worse (written note illegible). The treatment plan was a requested authorization for urine analysis, Flexeril 10 mg, omeprazole 2 times a day for GI distress, Buta/CPAP/caffeine for headaches; Ultram 50 mg every 6-8 hours which is not helping him. He would like to increase the dose. The medications he is taking are helping him and the patient is aware of it and is being compliant and taking the medications as needed. PR-2 dated 09/30/2013 documented the patient was worse (note illegible) and requested authorization for urine analysis for drug compliance and the patient was given prescriptions for several medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Urine Drug Testing Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing, and Ongoing Management of Opioids, Pag.

**Decision rationale:** Per the CA MTUS, drug testing is recommended to assess for the use or the presence of illegal drugs or for the ongoing management of opioid prescriptions. On 11/18/2013, the PR-2 notes the medications he is taking are helping and he is aware of it; he is being compliant and taking the medications as needed. The guidelines state that drug screening should be used when there are issues with abuse, addiction, or poor pain control. The patient previously had a urine drug screen on 08/27/2013, another was requested on 09/30/2013 and another on 11/18/2013. There is no indication in the records submitted to justify the medical necessity of the request.