

<b>Case Number:</b>	CM13-0042887		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation 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 57-year-old injured worker who reported an injury on 09/19/2008. The mechanism of injury was not provided. The patient was noted to have decreased range of motion. The patient's medication was noted to be Norco. The patient's diagnosis was noted to be displacement of cervical intervertebral disc without myelopathy. The request was made for multiple drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug screen.:** Upheld

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

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

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documented rationale for the request and failed to indicate the patient had documented issues of drug abuse, addiction or poor pain control. Additionally, there was a lack of documentation indicating the quantity of drug screens

being requested. The request for Drug screen, multiple is not medically necessary and appropriate.