MAXIMUS Federal Services

| Case Number: | CM13-0045019 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/16/2012 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

## 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 Orthopedic Surgery 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 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:

This is a 64-year-old injured in a work-related accident on 11/16/12. In the clinical records available for review a urine drug screen dated 10/9/13 showed that the claimant tested positive for use of Hydrocodone and Acetaminophen consistent with his current medication regimen. A request for authorization dated 10/9/13 by [redacted] documented a current working diagnosis of bilateral sacroiliac joint arthropathy for which [redacted] recommended sacroiliac joint injections and an LSO brace for the lumbar spine. There is notation of continued medication usage including Norco. The treating physician indicated that the role of this test was to serve as a random drug screen to establish a "baseline and assure compliance with medication usage." There was no other drug screen available for review. At present, there is a request for the urine toxicology screen that was ultimately performed on 10/9/13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Urine Drug Screen, page(s) 43 and 78. Page(s): 43,78.

**Decision rationale:** Based on Chronic Pain Medical Treatment Guidelines, the role of urine toxicology screen would appear medically necessary. This was noted to be a baseline test in a claimant that is continuing with narcotic management. There was no documentation of prior urine drug screens. The specific request in this case would appear to be medically necessary.