

<b>Case Number:</b>	CM13-0045513		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 is licensed to practice in New York and 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 reported an injury on 03/28/2007. The mechanism of injury was not provided for review. The patient's chronic pain was managed with temazepam, methadone and oxycodone. The patient was regularly monitored with urine drug screens. The clinical documentation submitted for review did provide evidence that the patient ran out of medications in 03/2013 and 06/2013. The patient's treatment plan on 10/21/2013 was a urine drug screen to monitor the patient for medication intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-panel urine drug screen performed on 10/21/13:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The retrospective request for a random 12 panel urine drug screen performed on 10/21/2013 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is at risk for aberrant behavior. The California Medical Treatment Utilization Schedule recommends urine drug screen monitoring

for patients who are taking controlled substances to manage chronic pain and are at risk for aberrant behavior. The clinical documentation provided for review does support that the patient is at risk for aberrant behavior as he has run out of medications on 2 previous occasions. Therefore, the urine drug screen performed on 10/21/2013 was appropriate. As such, the retrospective request for a random 12 panel urine drug screen performed on 10/21/2013 is medically necessary and appropriate.