

<b>Case Number:</b>	CM13-0049017		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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, has a subspecialty in Pulmonary Diseases 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 injured worker is a 57-year-old male who reported an injury on 12/13/2004 due to an unknown mechanism. The injured worker had complaints of low back pain and left leg pain. Physical examination on 04/18/2014 revealed a pain score of 2/10 with medications. Without pain medications the injured worker stated the pain score is 7/10. The injured worker had an x-ray of the left knee and an MRI study on 03/31/2014. These diagnostic studies were not submitted in the document. Objective finding was intact-appearing total left knee prosthesis. The current treatment plan was to continue with the medications as prescribed. Current medications are ibuprofen 800 mg 1 tablet twice a day, Neurontin 600 mg 2 tablets at bedtime, Sintralyn PM 1 tablet at bedtime, Trepadone 2 tablets twice a day, and Fluriflex ointment apply topically 3 times a week. The rationale and Request for Authorization were not submitted for review. The injured worker has diagnoses of lumbar sprain and strain, lumbago, chronic pain syndrome, total knee replacements, chronic pain-related insomnia, chronic pain related to weight gain and obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE DRUG SCREEN:** Upheld

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

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

**Decision rationale:** The request for 1 urine drug screen is not medically necessary. The injured worker has had all negative urine drug screens. There is nothing reported in the documents submitted to indicate that the injured worker has a problem with illicit drug use. The injured worker currently is not taking chronic pain medications or controlled substances. The rationale for the ordering of 1 urine drug screen was not reported. It was not indicated if the injured worker is calling too early for prescription medications to be refilled. Therefore, the request is not medically necessary.