

<b>Case Number:</b>	CM13-0050803		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Family Practice 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 40 year-old male who reported an injury on 09/10/2012 and the mechanism of injury was not provided. On 10/10/2013, the injured worker has had ongoing complaints of pain to the lumbar spine and right foot. The injured worker's medications include gabapentin, fexmid, and naprosyn. The injured worker indicated that his back pain is mostly managed with medications and still has some leg pain. He is frustrated over pain and wants surgery. A urine drug screen was on 10/10/2013; however, a rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A URINE DRUG SCREEN PROVIDED ON 10/10/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 85-87.

**Decision rationale:** The California MTUS guidelines indicate routine use of drug screening should be used for patients on chronic opioids. The screening is recommended at baseline and randomly at least twice a year and up to 4 times a year. The clinical documentation does not indicate that the injured worker has been prescribed opioids. The only medications listed are gabapentin, fexmid, and naprosyn. The clinical note from 06/26/2013 by [REDACTED] noted a urine

toxicology screen was performed and was negative for all substances tested. Therefore, due to the lack of documentation to support that the injured worker has been on opioids for chronic pain that would require a urine drug screen and due to lack of a rationale provided by the physician, the request for a decision for a urine drug screen on 10/10/2013 is not medically necessary.