

<b>Case Number:</b>	CM13-0055724		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 & Rehabilitation 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:

The patient is a 50-year-old male who reported an injury on 12/27/2011. The mechanism of injury was not provided in the medical records. His diagnoses include irritable bowel syndrome, constipation/diarrhea, gastritis, gastroesophageal reflux disease, and sleep disorder secondary to pain and stress. His medications were listed to include Prilosec, Citrucel, Colace, simethicone, probiotics, and GABADone. The treatment plan was noted to include urine toxicology screening and fasting labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the California MTUS Guidelines, drug screening may be recommended for patients taking opioid medications with documentation of issues of abuse, addiction, or poor pain control. The clinical information submitted for review failed to include documentation indicating that the patient was currently

utilizing an opioid medication or other controlled substance to warrant a urine toxicology screen. In the absence for an indication for a urine toxicology screening, the request is not supported. Additionally, the documentation did not show that the patient has issues of abuse, addiction, or poor pain control to warrant urine toxicology screening. For these reason, the request is non-certified.