

<b>Case Number:</b>	CM13-0064385		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/19/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 54-year-old male who reported injury on 40/19/2007. The mechanism of injury was not provided. The patient's diagnosis was noted to be sprain of the hand NOS. The patient was noted to undergo multiple urine drug screens in late 2012 and early 2013. The clinical documentation submitted for review indicated that the patient's recent urine drug screen on 11/04/2013 was appropriate. The patient's pain score with medications was 7/10 and without medications was 10/10. It was indicated the patient had increased pain and had developed some numbness in the right hand. The request was made for a urine drug screen to assess medication compliance.

### 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 Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or

poor pain control. Clinical documentation submitted for review indicated the patient had multiple urine drug screens. There was a lack of documentation indicating a necessity for a repeat urine drug screen. There was lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control. The request for 1 urine drug screen is not medically necessary and appropriate.