

<b>Case Number:</b>	CM14-0108331		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and 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 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 30-year-old male who reported an injury resulting from a fall from a ladder on 03/16/2014. On 06/03/2014, his diagnoses included left shoulder sprain/strain, rule out internal derangement; lumbar spine sprain/strain, rule out HNP and rule out lumbar radiculopathy. His complaints included left shoulder pain rated at 7/10 and low back pain rated at 7/10 with numbness and tingling of the bilateral lower extremities. The injured worker reported that his symptoms persisted, but that his medications did offer him some temporary relief and improved his ability to have restful sleep. His medications included Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Dicoprofen 5 mg/mL oral suspension, Deprizine 5 mg/mL oral suspension, Fanatrex 25 mg/mL oral suspension, Synapryn 10 mg/1 mL oral suspension, and Tabradol 1 mg/mL oral suspension. The recommendations stated that his use of medications, especially oral medications, would be monitored closely for effectiveness and possible dependence. Periodic UA toxicological evaluations shall be performed. Synapryn contains Tramadol and Glucosamine, as well as other proprietary ingredients. There was no rationale or request for authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** The request for a urine toxicology screen is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that the injured worker had aberrant drug-taking behaviors. Additionally, the drugs or substances to be screened were not identified in the request. Therefore, this request for urine toxicology screen is not medically necessary.