

<b>Case Number:</b>	CM14-0013511		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine, 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 patient is a 52-year-old male who has submitted a claim for cervical radiculopathy and carpal tunnel syndrome associated with an industrial injury date of October 10, 2010. Medical records from 2013-2014 were reviewed. The patient complained of pain at the cervical and low back areas, graded 5/10 in severity. Physical examination showed absent right triceps reflex, positive facet provocation test bilaterally, weak right biceps graded 3+/5, and dysesthesia at right C7 dermatome. A urine drug screen from January 7, 2014 showed detected levels of benzodiazepine and opiates. Treatment to date has included left carpal tunnel release, cervical epidural steroid injection, physical therapy, and medications such as clonazepam, gabapentin, cyclobenzaprine, ibuprofen, Norco, and Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-PANEL 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 Page(s): 78.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to four times a year. In this case, current medications include clonazepam, gabapentin, cyclobenzaprine, ibuprofen, Norco, and Klonopin. The most recent urine drug screen from January 7, 2014 showed detected levels of benzodiazepine and opiates which are consistent with the prescribed medications. There is no compelling rationale for repeating drug screening at this time. No aberrant drug behavior was likewise noted. Therefore, the request is not medically necessary.