

<b>Case Number:</b>	CM14-0018090		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine, Pulmonary Diseases 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 59-year-old who reported an injury on 11/18/2003. The mechanism of injury was not submitted. The injured worker was diagnosed with a crush injury of the left foot, chronic pain syndrome, left foot reflex sympathetic dystrophy, insomnia due to chronic pain, neuropathic pain, depression-related to chronic pain and prescription narcotic dependence. The injured worker complained of left-sided body pain. The injured worker reported that he had not been sleeping through the night with the Ambien. The injured worker reported that he previously used Restoril in the past, and it had helped with sleep. The injured worker reported his pain at a 6-7/10 with medications and 10/10 without medications. The injured worker had a previous drug screen on 12/03/2013 that was positive for gabapentin, mirtazapine, hydrocodone and diazepam. The medications submitted included Fosamax; clonidine; Restoril; a topical analgesic that included gabapentin, ketoprofen and lidocaine; Remeron; and Norco. The injured worker had a urine drug screen dated 01/13/2014 that reported an inconsistency with gabapentin and temazepam. The injured worker was recommended for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The California MTUS recommends urine drug screens to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that urine drug testing is used to monitor compliance with prescribed medications or to identify undisclosed substances. The guidelines also state that the frequency of urine drug testing should be based on documented evidence of risk stratification. The injured worker was recommended for a urine drug screen; however, the clinical documentation submitted for review does not show that the injured worker had any aberrant or nonadherent behaviors. Also, the guidelines state that injured workers at low risk of addiction should be tested within 6 months of the initiation of therapy and yearly thereafter. Injured workers at moderate risk for addiction should be tested 2 to 3 times a year. The injured worker had previous drug screens in 09/2013 and 11/2013 with no results submitted. Without documented risk stratification, the need for an additional urine drug screen is not warranted. Given the lack of documentation to support the guideline criteria, the request is not medically necessary.