

<b>Case Number:</b>	CM14-0110238		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family 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 55 year-old woman who was injured at work on 5/27/2011. The injury was to her neck, left shoulder, low back, right hip and right knee. She is requesting review of denial for a urine drug screen. Medical records corroborate ongoing care for these injuries. Her chronic diagnoses include: Status Post Anterior Diskectomy, Decompression, Arthrodesis with Retained Hardware at C5-6, C6-7; Status Post Left Shoulder Arthroscopic Surgery, Tendonitis, Impingement Syndrome; Lumbar Spine Sprain/Strain, Disk Lesion of the Lumbar Spine with Radiculitis/Radiculopathy; Right Knee Internal Derangement; Status Post Open Reduction Internal Fixation, Left Foot and Ankle. Treatment has included the aforementioned surgical procedures. Her current medications listed on the June 5, 2014 visit include: Micardis, Reglan, Nexium, and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Review of Urinalysis Date of Service 4/8/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMPENSATION,PAIN PROCEDURE SUMMARY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Tests, Page 43; Opioids (On-going Management), Page 78; Opioids (Indicators for Addiction) Page(s): 87.

**Decision rationale:** The MTUS Chronic Pain Guidelines comment on the use of drug testing. The MTUS Chronic Pain Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the Guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence that the patient is at any risk for misuse or addiction to opioids. Further, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that she is at high-risk for addiction. In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. The request is not medically necessary and appropriate.