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| <b>Case Number:</b>   | CM14-0117931 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 10/03/2013 |
| <b>Decision Date:</b> | 10/03/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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 54-year-old male who reported an injury on 10/03/2013 due to a motor vehicle accident. The injured worker had a history of left hand pain and chronic hip pain. The diagnoses included cervicalgia; hip fracture, right closed fracture, multi cervical vertebrae without spinal cord injury; multiple rib fractures, hip joint displacement. The MRI of the cervical, dated 12/20/2013, revealed anterolisthesis of C6- C7, left facet fracture at the C6, and paravertebral edema at the C5-6 with an intraspinous ligament at the C4-5 and C5-6 with disruption at the C6-7. The medications included Percocet 10/325, Wellbutrin SR, clonazepam, Cymbalta, and Senna. The physical examination revealed well groomed, well nourished, no acute distress, eyes are PERRLA/EOM intact, and sclera clear. The treatment plan included a new prescription for Norco 10/325. The Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

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

**Decision rationale:** The request for Comprehensive Drug Screen is not medically necessary. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. The clinical notes physical examination revealed it was not evident that the injured worker had a diagnosis of illegal drug use. As such, the request is not medically necessary.