

<b>Case Number:</b>	CM14-0128222		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine & 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:

This is a 51-year-old male with a 9/8/08 date of injury. According to an internal medicine report dated 7/8/14, the patient noted unchanged blood pressure, improved acid reflux with medication, obstructive sleep apnea at night, no change in sleep quality, improved blurred vision, improving anxiety/depression, worsening musculoskeletal pain, and improved bloating. He complained of bilateral elbow pain rated 6/10, cervical spine pain rated 5-6/10, and lumbar pain rated 7/10. The patient's medication regimen consists of HCTZ, lisinopril, dexilant, Gaviscon, Carafate, probiotics, ASA, and Medrox patches. Objective findings: right knee strength is 4/5, right wrist is 5/10, and lumbar spine is 6/10. Diagnostic impression: hypertension, hyperlipidemia, shortness of breath, acid reflux, psychiatric diagnosis, orthopedic diagnosis, sleep disorder. Treatment to date: medication management, activity modification. A UR decision dated 8/5/14 denied the request for urine drug screen. The medical records do not establish that there have been issues of abuse, addiction, or poor pain control in this patient.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43; 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there is no documentation that the patient is currently utilizing opioid medications. There is no documentation that the patient is currently taking other types of medications that have abuse potential. A specific rationale as to why this patient requires a urine drug screen was not provided. Therefore, the request for Urine Drug Screen is not medically necessary.