

<b>Case Number:</b>	CM14-0128966		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 50 year old female who was injured on 11/28/2006. The mechanism of injury is unknown. Toxicology report dated 06/07/2014 revealed positive results for benzodiazepines, oxazepam, and tricyclic antidepressants. There are no reports available for review. According to the UR, the patient had complaints of low back pain, right hip pain, and bilateral knee pain. There are no medications to review. My assessment is limited due to lack of records. Prior utilization review dated 07/18/2014 states the request for drug screening is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** According to MTUS and ODG guidelines, urine drug testing is recommended for patients taking opioids with frequency of testing dependent on risk of aberrant

behavior or abuse. In this case a request is made for drug screening for a 50-year-old female injured on 11/28/06 with chronic pain. However, it is not clear if the patient is prescribed opioids. Frequency of prior urine drug testing is not provided. There is no discussion of abuse or aberrant behavior. The history and examination findings are not provided and therefore, medical necessity is not established.