

<b>Case Number:</b>	CM14-0150901		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 52-year-old male, who has submitted a claim for erectile dysfunction, low back pain, BPH, obesity and hypertension associated with an industrial injury date of February 10, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of right knee pain, low back pain and high blood pressure. Physical examination showed a BP of 145/87 mm Hg, height of 71 inches, weight of 296 lbs and BMI of 41 kg/m<sup>2</sup>. Neck was supple with no masses or thyromegaly felt. Extremities showed no signs of clubbing, cyanosis or edema. Treatment to date has included ibuprofen, Cialis, Viagra and hypertensa. Utilization review from September 4, 2010 denied the request for Urine Toxicology Screening Results (Testing Performed on April 22, 2014) because there was no mention in the report of what medication are prescribed and no medical report accompanied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening Results (Testing Performed on 04/22/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Drug Testing, page(s) 43 Page(s): 43. Decision based on Non-MTUS Citation Chronic Pain Chapter, Chronic Use of Opioids, page(s) 222-238

**Decision rationale:** As stated on page 43 of CA MTUS Chronic Pain Medical Treatment Guidelines and pages 222-238 of CA MTUS American College of Occupation and Environmental Medicine (ACOEM), 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. In this case, progress notes reviewed did not mention the request for a urine drug screen. In addition, it did not show that the patient will be started on an opioid medication or the patient was on opioid treatment. There was no sufficient data to support the request. Therefore, the request for Urine Toxicology Screening Results (Testing Performed on August 22, 2014) is not medically necessary.