

<b>Case Number:</b>	CM14-0172785		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Geriatrics and is licensed to practice in New York. 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 55 year old man with a date of injury of 2/8/07. He was seen by his primary treating physician on 9/22/14 with complaints of neck pain and right shoulder pain. He states his medications reduced his pain from 8/10 to 6/10. His exam showed only vitals, weight and BMI. His medications included trepadone, gabadone, Cymbalta, theramine and fluriflex ointment. A urine drug screen was negative for all medications on 7/22/14. His diagnoses were cervical sprain/strain, right shoulder sprain/strain, myofascial syndrome, chronic pain related insomnia and neuropathic pain. At issue in this review is the request for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS - screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 2007. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured

workers, drug screening two months prior was negative. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically substantiated.