

<b>Case Number:</b>	CM14-0023675		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Family Practice 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 55-year-old male who reported an injury as a result of cumulative trauma to his elbows and knees. A clinical note dated 05/10/13 indicated the injured worker being having complaints of neck, low back elbow and knee pain rated 5-6/10. The injured worker utilized Norco, hydrocodone and meta morphine for pain relief. Reflex deficits were identified at both triceps and brachioradialis. Range of motion deficits were identified throughout the neck. A clinical note dated 06/26/13 indicated the injured worker initiating physical therapy. A clinical note dated 12/27/13 indicated the injured worker continuing with complaints at several sites. The injured worker underwent urine toxicology screen, which revealed findings consistent with hydrocodone. No information was submitted regarding the injured worker continuing with hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY SCREEN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS).

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

**Decision rationale:** The clinical documentation indicates the injured worker undergoing recent urine toxicology screen. However, it is unclear if the injured worker is continuing with opioid therapy. Given the ongoing given the apparent ongoing use of hydrocodone without a prescription in place it appears the injured worker is non-compliant with his prescribed drug regimen. Therefore, continued a urine toxicology screen is indicated in order to confirm the injured worker's compliance with the prescribed drug regimen. The request for urine toxicology screen is medically necessary and appropriate.