

<b>Case Number:</b>	CM14-0030334		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Medicine, and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was involved in a car accident on 3/20/12 injuring her lower back, neck and nose. She was diagnosed with lumbar sprain and treated with physical therapy, chiropractic treatments, and oral medications including opioids. She had also been diagnosed with adjustment disorder with mixed anxiety and depressed mood and had been taking Wellbutrin, Ativan, and Ambien which were reportedly helping reduce symptoms of anxiety and depression. On 12/4/13, a drug screen test was ordered by her treating physician. Prior drug screening tests had been normal, as far as what is to be found in the documents provided for review. On that same day (12/4/13), the worker reported only taking Welbutrin, Ativan, and Ambien as her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREEN FOR DATE OF SERVICE 12/11/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING; OPIOIDS Page(s): 43; 77-78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no indication that she had been using opioids, which would be the main reason to consider drug screening, but only if the criteria were met. Prior drug screens were negative. She did have a history of psychiatric history, but without enough evidence seen in the documents provided for any other signs of drug abuse, screening routinely for drugs doesn't seem necessary or productive in this case. Therefore, the urine drug screen from 12/4/13 (resulted on 12/11/13) is not medically necessary.