

<b>Case Number:</b>	CM14-0040010		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/29/2005
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old male was reportedly injured on 7/29/2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/29/2013, indicates that there are ongoing complaints of Neck and left upper extremity issues as well as low back and left lower extremity. The physical examination demonstrated cervical spine: a contracture of the left hand, unchanged; swollen left supraclavicular fossa; palpation-tender trigger points over his neck and posterior shoulders, left greater than right; and motor sensation intact. patients gait was good. No recent diagnostic studies are available for review. Previous treatment includes injections, physical therapy, previous surgery, and medications. A request was made for urine drug screen, and was not certified in the pre-authorization process on 4/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 Urine Drug Screen, date of service, 3/21/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines ( Substance abuse (tolerance, dependance,addiction)Chronic Pain Medical Treatment Guidelines (May 2009); Initiaing Therapy of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 OF 127.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support the use of urine drug screening as part of ongoing chronic opioid management. When noting that an injured worker is taking medications with an abuse potential, there is a clear clinical indication for the use of urine drug screening for the management of this an individuals chronic pain. After review of the medical records there is no current documentation that indicates that the injured worker is currently utilizing a controlled substance. As such, the request for retrospective request for 1 Urine Drug Screen, date of service, 3/21/2014 is not medically necessary and appropriate.