

<b>Case Number:</b>	CM14-0046180		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 42-year-old female who reported a continuous trauma injury on 07/21/2011. On a progress note from 03/03/2014, this worker was prescribed Ultram. A handwritten note stated that this patient did not receive her medications and had run out of them. Furthermore, it states that she had not taken any medication since the end of December 2013. There was no rationale or request for authorization included in this chart. Her diagnoses, which were also handwritten, were illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screening DOS: 1/17/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS guidelines recommend that ongoing management of opioids include the use of drug screening with any issues of abuse, addiction, or poor pain control. It was clearly stated that this worker had not taken any opioid medications for the month

prior to the urine drug screen. Additionally, the urine drug screen was ordered for 20 different medications, only 1 of which had been prescribed for this worker. Therefore, the request for retrospective urine drug screening DOS 01/17/2014 is not medically necessary.