

<b>Case Number:</b>	CM14-0047164		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 54-year-old man with a date of injury of 2/3/11. He was seen by his primary treating physician on 12/11/13, presenting with complaints of cervical and lumbar spine pain as well as left shoulder and left elbow pain. He'd had no change in his function since his previous exam. His diagnoses included status post lumbar spine and cervical spine fusion, left elbow common extensor tendon tear and left shoulder rotator cuff tear. He underwent urine drug testing on 12/4/13, which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids Page(s): 43 and 77-78.

**Decision rationale:** This injured worker has a history of chronic pain since 2011. 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

worker, the records fail to document any issues of abuse or addiction or the medical necessity of a urine drug screen. The urine drug screen is not medically necessary.