

<b>Case Number:</b>	CM14-0084670		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. The attached medical record did not have any documentation of high risk behavior, previous abuse or misuse of medications. Additionally, the injured employee has had a recent urine drug screen dated March 7, 2014. It is unclear why another urine drug screen was requested so soon. For these multiple reasons, this request for a urine drug screen, review of results and preparation of narrative report to discuss findings is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (UDS), review of results and preparation of a narrative report to discuss findings:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Drug testing Page(s): 43.

**Decision rationale:** The Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor

pain control. The attached medical record did not have any documentation of high risk behavior, previous abuse or misuse of medications. Additionally, the injured employee has had a recent urine drug screen dated March 7, 2014. It is unclear why another urine drug screen was requested so soon. For these multiple reasons, this request for a urine drug screen authorization for review of urine drug screen results and preparation of narrative report to discuss findings is not medically necessary.