

<b>Case Number:</b>	CM14-0130194		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Rehab 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 patient is a 64-year old male with date of injury 11/5/13. The treating physician report dated 8/18/14 (58) indicates that the patient presents with pain affecting the right shoulder, low back and neck along with headaches. The physical examination findings reveal L5-S1 degenerative joint disease, right shoulder AC joint tenderness with positive impingement. Prior treatment history includes medications of Gabapentin, Naprosyn, Naproxen, Omeprazole, Flurbiprofen, Tramadol and topical creams of Ketoprofen, Gabapentin, and Tramadol, Gabapentin and Naprosyn. No MRI findings were included in the medical history. The current diagnoses are: - Moto vehicle accident with head trauma- Cervical sprain/strain- Sprain/strain of the lumbar spine- Possible psych trauma- Rib contusion, resolved- Abdominal wall contusion, resolved- Posttraumatic hematoma right leg, resolvedThe utilization review report dated 8/14/14 denied the request for Retrospective Urine Toxicology Screen (DOS 7/22/14) based on CA MTUS Chronic Pain Management Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for urine toxicology screen (DOS 7/22/2014):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Page(s): 93-95.

**Decision rationale:** The patient presents with pain affecting right shoulder, low back and neck along with headaches. The current request is for Retrospective Urine Toxicology Screen (DOS 7/22/14). The treating physician report dated 8/18/14 (59) states; he is taking naproxen, omeprazole, flurbiprofen, and tramadol on as necessary basis. MTUS defines Tramadol as a synthetic opioid. MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of abuse as frequent random urine toxicology screens. MTUS notes frequency randomly at least twice and up to 4 times a year. In this case, the records do not indicate any other urine toxicology screens have been completed. The treating physician has documented the patient is using an opioid medication and therefore recommendation is for authorization. Therefore, Retrospective request for urine toxicology screen (DOS 7/22/2014) is medically necessary.