

<b>Case Number:</b>	CM14-0174632		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 has a reported date of injury of 04/29/2009-02/01/2012. The patient has the diagnoses of headaches, brachial neuritis, cervical disc protrusion with myelopathy, lumbar disc protrusion, lumbar radiculopathy, bilateral elbow medial and lateral epicondylitis, right chondromalacia patella, left patellar tendonitis and depression.. Per the progress reports provided for review from the primary treating physician dated 08/14/2014, the patient had complaints of constant headaches, constant neck pain, constant low back pain, frequent bilateral elbow pain, constant bilateral knee pain and depression. The physical exam noted tenderness in the cervical spine with restricted range of motion. The elbow exam noted tenderness in the bilateral lateral and medial epicondyle with restricted elbow range of motion. The lumbar exam noted restricted range of motion with tenderness and positive bilateral femoral stretch. The knee exam noted bilateral knee tenderness, positive patellar grinding and restricted range of motion. There was bilateral decreased sensation in the L5 and S1 dermatome. The treatment plan recommendations included urine drug screen, oral pain medications, TENS unit and topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine Drug Screen:** Overturned

**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 Opioids Page(s): 76-84.

**Decision rationale:** The request is for a urine drug screen. The California MTUS Chronic Pain Medical Treatment Guidelines does recommend urine drug screens for patients on opioid therapy. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. Per the progress notes, the patient is currently on the opioid therapy Tramadol. Since frequent, random drug screening is recommended by the California MTUS to avoid misuse of opioids, the request is medically necessary.