

<b>Case Number:</b>	CM14-0193302		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family medicine and is licensed to practice in North Carolina. 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 has reported date of injury of 06/14/2013. The patient has the diagnoses of abdominal muscle spasm and possible painful scarring versus fibrosis versus painful scar granuloma. Per the most recent progress notes provided for review from the primary treating physician dated 11/26/2014, the patient had complaints of abdominal pain rated a 5/10 worse with pressure and while wearing a duty vest and belt. The patient reported benefit from previous steroid injections. The physical exam noted some pain in the periumbilical area with deep palpation. Treatment plan recommendations included ultrasound-guided chemo-denervation with botulism toxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Active-Medicated Specimen Collection Kit, DOS 10/17/14:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-84.

**Decision rationale:** The request is for a urine specimen collection cup. These are commonly used for urine drug screens. The California MTUS 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. The included progress notes do not indicate the patient is on chronic opioid therapy. There are no indications of suspected drug abuse. Provided urine drug screens are only positive for nicotine. There is no indication on why a urine drug screen or collection is indicated. Therefore, the request is not medically necessary.