

<b>Case Number:</b>	CM14-0208723		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine 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 man with a date of injury of 2/29/12. He was seen by his primary treating physician on 10/30/14 with complaints of ongoing neck pain with radiation to his right upper extremity which was unchanged since his last visit. His medications included ultracet, ibuprofen, ambien and Lidoderm patch. There is no physical exam listed other than "no significant change". His diagnoses were right sided neck pain with degenerative disk changes on MRI, right upper extremity pain with right ulnar nerve transposition and "exploratory of the right distal biceps tendon on 9/10/12" and normal EMG in 7/13. At issue in this review is a random urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS: 10/13/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 2012. The worker has had various treatment modalities and use of medications including opioids. Per the MTUS

guidelines, 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 drug screen. The medical necessity of a urine drug screen is not substantiated in the records. Therefore, this request is not medically necessary.