

<b>Case Number:</b>	CM15-0142265		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/26/1993
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 44 year old male, who sustained an industrial injury on April 26, 1993. The injured worker was diagnosed as having pelvis-flank-groin pain, chronic pain syndrome and long term use of other medications. Treatment to date has included surgery, nerve blocks, acupuncture and medication. A progress note dated March 12, 2015 provides the injured worker complains of right testicular pain. He rates the pain 2 out of 10 at best and 3 out of 10 at worst. Heat provides relief and walking aggravates it. Physical exam notes localized right testicular tenderness. The plan includes surgical evaluation. There is a request for lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) drug panel:** Upheld

**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): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient has aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. The patient is prescribed Gabapentin, Ambien, and Zanaflex on an ongoing basis and underwent UDS on December 5, 2014 and again on March 12, 2015. Therefore, the request for 1 drug panel is not medically necessary.