

<b>Case Number:</b>	CM15-0168722		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/07/2005
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California  
 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:

This injured worker is a 53 year old male who reported an industrial injury on 7-7-2005. His diagnoses, and or impression, were noted to include: chronic pain state, chronic headaches; anxiety and depression; industrially caused diabetes mellitus and stressed-induced hypertension; and insomnia with excessive daytime sleepiness. No current imaging studies were noted. Toxicology studies were noted done on 3-20-2015 & 6-19-2015, with a comprehensive qualitative urine drug screen performed at the 6-22-2015 visit, to monitor medication usage. His treatments were noted to include: medication management with toxicology screenings; and rest from work. The progress notes of 4-16-2015 reported: he had been diligent with home therapy but having more pain afterward; denial of medications and of no longer being under the care of pain management specialist; worsened depression; and of a low testosterone level which decreased his energy and caused weight gain. Objective findings were noted to include: an elevated blood pressure; and a depressive affect with the appearance of being anxious. Neither the physician's notes, nor his requests for treatments noted a request for a urine drug screen. The Utilization Review of 7-29-2015 non-certified the request for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen on 6/19/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results (March 2015) that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.