

<b>Case Number:</b>	CM15-0183964		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

The injured worker is a 39 year old male, who sustained an industrial injury on January 13, 2012. The injured worker was currently diagnosed as having long-term use medications not elsewhere classified, joint pain shoulder, and sprain of neck, lumbar disc displacement without myelopathy and sprain strain of thoracic region. Treatment to date has included diagnostic studies, medication, surgery, consultations, physical therapy, and surgery and chiropractic treatment. On May 13, 2015, the injured worker complained of chronic low back, left shoulder and left hip pain. He reported completing physical therapy for the left shoulder and continues with exercises. He felt that his left shoulder had improved since surgery. On the day of exam, the injured worker stated that he was not working at the time. He felt that medications help to "reduce" pain and allow for better function. Current medications included Flexeril, Nabumetone-relafen, and Gabapentin, Viagra, Hydrocodonebit-apap and multivitamins. A urine screen report dated March 12, 2015 was reviewed and was positive for hydrocodone, hydromorphone and gabapentin. The treatment plan included medications, surgical consultation, exercises, MRI, urologist visit, sleep study and a follow-up visit. On September 10, 2015, utilization review denied a retrospective request for a drug screen (date of service: 05-13-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Drug Screen DOS: 5/13/15: Overturned**

**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. In this case, the claimant was on opioids and NSAIDS and muscle relaxants which can have high abuse potential. In addition, the results of the urine testing on 5/13/15 indicated positive tricyclics which were not in the medication list. The request for the toxicology screen was appropriate.