

<b>Case Number:</b>	CM14-0126144		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported injury on 07/15/2013. The mechanism of injury was due to repetitive lifting. The injured worker sustained injuries to his cervical spine and lumbar spine. The injured worker's treatment history included medications, MRI studies, and a urine drug screen. The injured worker had a urine drug screen on 02/28/2014 that was negative for opiate usage. The injured worker was evaluated on 06/20/2014 and it was documented that the injured worker has right carpal tunnel syndrome and left ulnar nerve entrapment at the left elbow. He had moderate to severe pain due to lumbosacral radiculopathy, but can function well with low dose of hydrocodone and Naprosyn. Medications included Naprosyn 550 mg, omeprazole 20 mg, and hydrocodone/acetaminophen 2.5/325 mg. Diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, early right carpal tunnel syndrome, and worsening of pain and numbness of left leg. The injured worker has had multiple urine drug screens that were negative for opiate usage. The Request for Authorization was not submitted for this review.

### 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:6/26/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screen, Criteria for use of urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Page(s): 43..

**Decision rationale:** The request for retrospective urine drug screen DOS; 06/26/2014 is not medically necessary. Per the California (MTUS) Chronic Pain Medical Guidelines urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management: opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The injured worker has several urine drug screens that were all negative for Opioid usage. The guidelines recommend urine drug screen once a year. Given the above, the request for the urine drug screen is not medically necessary.