

<b>Case Number:</b>	CM14-0148969		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73-year-old female who reported an injury on 09/05/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical multilevel disc protrusion, thoracic spine disc protrusion, lumbar multilevel disc protrusions, bilateral shoulder tendinitis, bilateral wrist/hand carpal tunnel syndrome, left hip pain, bilateral knee tear/degenerative changes and insomnia. Past medical treatment consists of pain management consultations, acupuncture, shockwave therapy, bracing and medication therapy. Medications include omeprazole 20 mg, meloxicam 15 mg, and tramadol 50 mg. On 07/03/2014, a urine drug screen was collected showing that the injured worker was compliant with prescription medications. On 06/06/2014, the injured worker underwent another urine drug screen showing that she was compliant with prescription medications. On 09/02/2014, the injured worker was seen on a follow-up appointment where she complained of neck, upper back, lower back, bilateral shoulder, wrist hand and hip pain. The injured worker rated the pain at an 8/10 and stated that the pain was constant. Physical examination noted straight leg raise was positive bilaterally. There was limited range of motion of the body part with pain. There was paraspinal, shoulder and upper trapezius tenderness. Kemp's was positive bilaterally. Medical treatment plan is for the injured worker to continue with acupuncture and medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Screening

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

**Decision rationale:** The request for comprehensive drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use of or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation submitted for review indicated that the injured worker did not display any aberrant behaviors, drug seeking behavior or any signs of suspected illegal drug use. Drug screens were obtained on 07/03/2014, 06/06/2014, 05/09/2014 and 04/04/2014 all showing that the injured worker was compliant with prescription drugs. There were no significant factors provided to justify monthly urine drug screens. Given the above, the request would not be indicated. As such, the request is not medically necessary.