

<b>Case Number:</b>	CM15-0010716		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury reported on 9/1/2005. He has reported cervical and lumbar spine pain. The diagnoses have included cervical disc disease; status-post left shoulder rotator cuff repair and lumbar surgery; periodontal disease; headaches; blurred vision; insomnia; and psychiatric diagnosis. Treatments to date have included consultations; diagnostic laboratory, urine (6/18/14) and imaging studies; left rotator cuff repair & lumbar surgery; use of a cane; and multiple medication management. The work status classification for this injured worker (IW) was not noted. On 12/24/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/18/2014, for a urine drug screening. The Medical Treatment Utilization Schedule, chronic pain medical management, opioid, and the Official Disability Guidelines, chronic opioid therapy, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinary Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine testing Page(s): 43 ( pdf format).

**Decision rationale:** Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. In this case the urine test had recently been completed and the claimant was compliant with the medical regimen. Urine testing for low risk patients is recommended once per year. Medical necessity for the requested item was not established. The requested item was not medically necessary.