

<b>Case Number:</b>	CM13-0011177		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 claimant is a 53 year old female who sustained an injury on 05/19/2010. The mechanism of injury was a motor vehicle injury. She has diagnoses of cervical disc herniation, lumbar disc degeneration, lumbar disc herniation, neuropathic pain, and tension headaches. She is treated with medical therapy including anti-inflammatory medications and muscle relaxants, epidural injections and discography. The treating provider has requested a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urine drug screen:** Upheld

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

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

**Decision rationale:** The patient's provider requested a urine drug screen. The patient is maintained on a medical regimen which includes nonsteroidal anti-inflammatory medications and muscle relaxants. Per Chronic Pain 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. There is no documentaiton of provider

concerns over patient use of illicit drugs or non-compliance with prescription medications. Medical necessity for the requested service has not been established. The requested service is not medically necessary.