

<b>Case Number:</b>	CM13-0024949		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 patient is a 47 year old male with a history of injury on 8/31/10. Records from 7/11/13, say that he has diagnoses of lumbar radiculopathy, disc displacement and low back pain. The patient has used ice, heat and nonsteroidal anti-inflammatory drugs (NSAIDs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis drug screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, screening urine toxicology is done for a variety of reasons, including provider suspicion of substance abuse, to identify aberrant opioid use, and to check for adherence to a prescribed program. There is no documentation as to why this test was ordered for this patient. The patient already had urine drug screens 7/11/13 and 5/29/13. There was no documentation of a rationale for another drug screen in August 2013. Based on the guidelines and the records provided, a repeat urinalysis drug screening was not medically necessary or appropriate.

