

<b>Case Number:</b>	CM13-0033049		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 50 year old female who reported an injury on 11/07/2012. The mechanism of injury was not provided in the medical record. The patient's diagnosis was lumbar sprain/strain, (ICD-9 Code 847.2). The patient's medication regimen included Tramadol 1-2 tablets per day as needed. The dosage of this medication was not provided in the medical record. The most recent clinical note dated 09/04/2013 reported the patient complained of daily lumbar pain. There are objective clinical findings of tenderness and spasms to the lumbar paravertebral muscle. The tramadol the patient was taking did help ease discomfort and enable the patient to daily activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology QTY: 1.00 (Retro DOS 9/4/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing, Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Urine Drug Testing (UDT).

**Decision rationale:** The MTUS guidelines simply indicate that urine drug screens are recommended for assessing for use or presence of illegal drugs, and if on ongoing opioid therapy and suspicion of abuse, addiction or poor pain control. Official Disability Guidelines indicate urine drug screens are recommended as a tool to monitor compliance with prescribed substances, uncover diversion of prescribed substances, and identify use of undisclosed substances. There is no objective clinical documentation of the employee exhibiting any of the signs and symptoms that would suggest she is abusing drugs. There is no documentation of poor pain control provided in the medical record. The clinical note dated for the requested service date of 09/04/2013 had no documentation of any signs or symptoms that would warrant the need for a urine toxicology test. As such the requested urine toxicology test is not medically necessary. Therefore, the request for Urine Toxicology QTY: 1.00 (Retro DOS 9/4/2013) is non-certified.