

<b>Case Number:</b>	CM13-0040878		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family Practice, and is licensed to practice in 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 45-year-old female who reported a work related injury on 1/29/10. The specific mechanism of injury was not stated. The patient presents for treatment of left ankle sprain/strain, lumbar spine sprain/strain, lumbar spine multilevel disc bulging, and left L5-S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for urinalysis drug screening on 9/19/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10, 32-33.

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

**Decision rationale:** The patient has undergone monthly or bimonthly urine drug screens over the past year and a half. The clinical notes failed to document if the patient presents with any aberrant behaviors, or inconsistencies with her urine drug screens and her medication regimen. The clinical notes failed to document what the patient's current medication regimen consists of. Given that the patient had undergone urine drug screening on 7/18/13 with no inconsistencies

reported, the current request for urine drug screen dated 9/19/13 is not supported. The California MTUS Guidelines indicate drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. Given that the clinical notes submitted for review do not indicate that the patient presents with any aberrant behaviors or inconsistencies via the most recent urine drug screen performed in July, the current request is not supported. As such, the request for a urinalysis drug screening on 09/19/2013 is not medically necessary or appropriate.