

<b>Case Number:</b>	CM13-0041197		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/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:

This is a 21 year old male claimant who sustained an injury on 10/5/2012 which resulted in neck and back pain. An MRI taken 7/17/13 showed a 2mm disc protrusion of L4-L5 level. He had been prescribed topical Voltaren gel in the past as well as acupuncture, electrical stimulation, infrared heat, and therapy. He had not been taking any oral analgesics for pain. A urine drug screen on 8/15/13 did not detect any substances. A subsequent request was made for urine drug testing every 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS EVERY 4-6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, urine toxicology screens are used to assess the presence of illicit drugs or to monitor adherence to a prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated

noncompliance, substance-abuse or other inappropriate activity. Based on a lack of history of abuse or non-compliance, a urine toxicology screen every 4-6 weeks is not medically necessary and appropriate