

<b>Case Number:</b>	CM13-0044288		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 injured worker on June 10, 2013 was loading boxes weighing above 35-40 pounds when he felt a sharp pain to his right upper extremity and upper back. His right upper extremity began to swell. He has been diagnosed with right shoulder sprain and strain, cervical sprain and strain, lumbar sprain and strain, sciatica and spasms of muscle. The treatment plan included acupuncture, urine analysis test for toxicology, chiropractic, pain management referral, topical creams, functional capacity evaluation and MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TEST FOR TOXICOLOGY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 85, 94.

**Decision rationale:** A urine toxicology screening is recommended as part of a multidisciplinary pain management program when that program includes the prescription of opioid medication. Screening is included in steps to avoid misuse and addiction. The medical record does not indicate that this worker was taking opioid medication as part of a pain management program.

Therefore, there is not a medically necessary indication for urine toxicology screening in this case.