

<b>Case Number:</b>	CM13-0047999		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 35-year-old male who reported an injury on 02/15/2008. On 05/06/2014, the injured worker presented with numbness in the right leg and a return to full duty at work. Upon examination, there was pain and decreased range of motion. The diagnoses were depressive disorder and lumbar disc displacement. Prior treatment was not provided. The provider recommended immunoassy non-antibody, assay of opiates, spectrophotometry, assay of urine creatinine, and drug screening multiple. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Immunoassay non-antibody:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for immunoassay non-antibody is non-certified. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing

management, and is a screening for risk of misuse and addiction. The injured worker's prior drug screens done on 10/16/2013 and on 03/05/2014 noted that the injured worker had positive results of THC. Findings of illegal drug use were not addressed in any of the clinical documentation. In addition, the provider's request does not indicate whether the request was a retrospective request or for future drug urinalysis screening. In addition, the injured worker has not been prescribed any opioids that would require a urinalysis for ongoing management or for risk of misuse and addiction. As such, the request is non-certified.

**Assay of opiates:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for assay of opiates is non-certified. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The injured worker's prior drug screens done on 10/16/2013 and on 03/05/2014 noted that the injured worker had positive results of THC. Findings of illegal drug use were not addressed in any of the clinical documentation. In addition, the provider's request does not indicate whether the request was a retrospective request or for future drug urinalysis screening. In addition, the injured worker has not been prescribed any opioids that would require a urinalysis for ongoing management or for risk of misuse and addiction. As such, the request is non-certified.

**Spectrophotometry:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for spectrophotometry is non-certified. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The injured worker's prior drug screens done on 10/16/2013 and on 03/05/2014 noted that the injured worker had positive results of THC. Findings of illegal drug use were not addressed in any of the clinical documentation. In addition, the provider's request does not indicate whether the request was a retrospective request or for future drug urinalysis screening. In addition, the injured worker has not been prescribed any opioids that would require a urinalysis for ongoing management or for risk of misuse and addiction. As such, the request is non-certified.

**An assay of urine creatinine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for assay of urine creatinine is non-certified. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The injured worker's prior drug screens done on 10/16/2013 and on 03/05/2014 noted that the injured worker had positive results of THC. Findings of illegal drug use were not addressed in any of the clinical documentation. In addition, the provider's request does not indicate whether the request was a retrospective request or for future drug urinalysis screening. In addition, the injured worker has not been prescribed any opioids that would require a urinalysis for ongoing management or for risk of misuse and addiction. As such, the request is non-certified.

**Drug screening multiple:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for drug screening multiple is non-certified. The California MTUS recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and is a screening for risk of misuse and addiction. The injured worker's prior drug screens done on 10/16/2013 and on 03/05/2014 noted that the injured worker had positive results of THC. Findings of illegal drug use were not addressed in any of the clinical documentation. In addition, the provider's request does not indicate whether the request was a retrospective request or for future drug urinalysis screening. In addition, the injured worker has not been prescribed any opioids that would require a urinalysis for ongoing management or for risk of misuse and addiction. As such, the request is non-certified.