

<b>Case Number:</b>	CM13-0055798		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Illinois. 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 43-year-old female who reported an injury on February 13, 2013. The mechanism of injury was not stated. The injured worker is currently diagnosed with cervical sprain/strain with radiculopathy, posttraumatic syndrome with possible cerebral concussion, and tinnitus. The most recent physician progress report submitted for this review is documented on November 21, 2013 by [REDACTED]. The injured worker reported severe neck pain, eye pain, and vision problems. Physical examination revealed muscle spasm and restricted range of motion. Treatment recommendations include the continuation of physical therapy. The injured worker completed a urine toxicology screening on May 08, 2013, August 04, 2013, and October 01, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DRUG SCREEN CHROMATOGRAPHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. According to the documentation submitted, there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. The injured worker's current medication list was not provided for review. The medical necessity for the drug screening has not been established. Therefore, the request is non-certified.