

<b>Case Number:</b>	CM13-0058486		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 46 year old female who reported injury on 08/08/2013. The diagnosis was lumbago. The mechanism of injury was a step on a liquid sanitizer and falling backwards. The documentation of 10/16/2013 the injured worker had aching pain in the shoulders radiating to the neck. The diagnosis included lumbosacral sprain/strain and sprain/strain of the hip and/or thigh as well as low back syndrome. The request was for a urine drug screen and it was indicated the medications were Voltaren and NSAIDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW LABS: 6 PANEL NON-ELICIT TEST LABS DOS: 10/16/13: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, URINE DRUG TESTING

**Decision rationale:** The Official Disability Guidelines support urine drug testing unless the patient has been diagnosed as being at risk during the evaluation process or displaying aberrant

drug behavior or misuse. The clinical documentation submitted for review indicated the injured worker was on Voltaren and NSAIDS. There was a lack of documentation indicating a necessity for a urine drug screen. There was a lack of documentation indicating the injured worker was at risk or had documented aberrant drug behavior or misuse. Given the above, the request is not medically necessary and appropriate.