

<b>Case Number:</b>	CM13-0065307		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Alabama & Maryland. 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 patient is a 40 year old female who sustained an injury to her low back while working as a police officer on 07/20/2011. Prior medication history included Anaprox Ds 550 mg and Levothyroxine 0.025 mg; and facet block injections with temporary relief. Prior treatment history has included bilateral L5 transforaminal epidural steroid injection on 08/13/2013. There were no previous UDS provided for review. Progress report dated 01/24/2014 documented the patient to have low back pain rated as VAS of 7-8/10 radiating to SI joint. Her medications listed were Anaprox Ds 550 mg and Levothyroxine 0.025 mg. Ortho note dated 05/19/2014 states the patient's symptoms are unchanged. On exam, her gait is normal. There is no appreciable swelling or gross atrophy of the paravertebral muscle. Motor strength is 5/5 in all planes. She is diagnosed with disc degeneration at L5-S1 with a left paracentral bulge; mild facet arthropathy at L4-S1; right SI joint dysfunction; right knee internal derangement; and right leg radiculopathy. The patient was recommended for random drug screening to verify medication compliance. Prior utilization review dated 11/25/2013 states the request for One Random Urine Toxicology Screening is denied as there is a no documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE RANDOM URINE TOXICOLOGY SCREENING:** 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 Urine Drug Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing, pain

**Decision rationale:** The CA MTUS CPMT guidelines recommend quantitative urine drug screening tests as oppose to qualitative. For patients without risk factors using opioids for non-terminal chronic pain, the guidelines further suggest there should be a drug screening urinalysis twice yearly. The medical records for this patient do not establish any signs of drug dependency or any concerns for misuse or abuse for which repeated drug testing would be warranted. Therefore, based on the CA MTUS CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.