

<b>Case Number:</b>	CM13-0067387		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 patient is a 60 year old female who was injured on 03/06/2009 while performing her regular and customary job duties. She reports she was walking when suddenly slipped in a wet area, causing her to experience an immediate onset of pain on her low back. She also began to develop an onset of pain on her neck. Prior treatment history has included physical therapy, medication, massage, electrical stimulation, and acupuncture. The patient underwent surgery in December 2009 and afterwards began to experience urge incontinence. Comprehensive drug screening dated 10/09/2013 detected no analytes. PR2 dated 10/09/2013 states the patient is currently working as a self-contractor, one day a week. The patient is taking omeprazole 20 mg and cyclobenzaprine. The patient reports incontinence, loose bladder, urgency, frequency, and hesitancy in urinating, but denies any sexual dysfunction. There is no history of renal stones or incontinence. The patient does experience musculoskeletal pain on her neck and low back, but denies fibromyalgia, rheumatoid arthritis, systemic lupus erythematosus, degenerative joint disease or gout. The patient denies any seizures, numbness, tingling, weakness, memory impairment, transient ischemic attack, or cerebrovascular accident. The patient is diagnosed with mixed incontinence, abdominal pain, and acid reflux. PR2 dated 11/20/2013 reports the patient notes no change in her incontinence, abdominal pain, or acid reflux. On exam, the abdomen is soft with normoactive bowel sounds. The extremities revealed no clubbing, cyanosis, or edema. There is tenderness and range of motion is deferred to the appropriate specialists. There are no other significant findings on this exam. A urine toxicology screen is being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University Of Michigan Health System Guidelines For Clinical Care: Managing Chronic Non Terminal Pain, page 33.

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

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs as well as to monitor compliance with prescribed substances. In this case, this patient has chronic neck and back pain with urinary incontinence. There is no documentation that this patient is currently on opioid medications. There is no documentation of drug abuse or illegal drug use and therefore the patient likely should be considered at low risk. ODG indicates that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The records indicate that there was a prior urine drug testing done on 10/09/2013 that was negative for tested medication. Therefore, the request for urine toxicology screen is not medically necessary.