

<b>Case Number:</b>	CM13-0068723		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 10/10/2012 after she was struck on top of the head with a pallet. The patient's treatment history included multiple medications, physical therapy, and cognitive behavioral therapy. The patient's most recent clinical documentation noted that the patient had continued pain complaints of the bilateral shoulders, cervical, thoracic, and lumbar spine, and left ankle rated at 7/10 to 8/10. The patient had decreased sensation in the right upper extremity and decreased motor strength in the bilateral lower extremities, tenderness to palpation along the acromioclavicular joint, and bilateral thoracic paravertebral musculature. The patient's diagnoses included headaches, cervical spine disc herniation, cervical radiculopathy, thoracic spine disc herniation, bilateral shoulder sprain/strain, loss of consciousness, lumbar disc herniation, lumbar radiculopathy, left ankle sprain/strain, anxiety, stress, and a mood disorder. The patient's treatment plan included a toxicology screening, evaluation by a neurologist, and ophthalmologist and pain management consultation, and continued chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 Urine drug screen with DOS: 4-29-2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and other evidence based medicine.

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

**Decision rationale:** The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who exhibit symptoms of illicit drug use or who are using opioids in the management of chronic pain that exhibit aberrant or drug seeking behaviors. The clinical documentation submitted for review does not provide any evidence that the patient has any signs or symptoms that would support that the patient is using illicit drugs. Additionally, the clinical documentation does not provide any evidence that the patient is on opioid therapy that would require randomized monitoring. There is no documentation that the patient exhibits aberrant or drug seeking behavior to support the need for a urine drug screen. As such, the requested urinary analysis is not medically necessary or appropriate.