

<b>Case Number:</b>	CM14-0001177		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/21/2002
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 70 year old man who sustained a work related injury on February 21 2002. Subsequently, he developed chronic bilateral shoulder, low back, and right lower extremity pain with posterior radiation into the calf. His physical examination on December 11, 2013 by ██████████ ██████████ showed palpatory tenderness in bilateral shoulder joints, right biceps tendon, and bilateral paraspinal musculature in lumbar spine. The lumbar spine examination revealed palpable muscle spasms and limited range of motion in all directions. The patient was working with a cane. His shoulder examination demonstrated bilateral reduction in range of motion. His neurologic examination showed the production of strength dorsiflexion and right hypoesthesia in L5 dermatoma the provider requested authorization for Urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>.There is no evidence that the patient is taking any medication that require a drug screen. There is documentation for a drug abuse or non compliance to medications from a previous urine drug screen. Therefore, the request for Urine drug screen is not medically necessary.