

<b>Case Number:</b>	CM14-0100261		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/28/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 66-year-old female who reported an injury on 10/28/2009. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with bilateral lower extremity pain. Upon examination, there was tenderness to the C4 and C5 facets bilaterally. The examination of the lumbar spine revealed tenderness at the L3, L4, and L5 facet joints, lumbar range of motion was significantly limited by painful symptoms, and facet loading maneuvers elicit pain. There was bilateral lower extremity discomfort and bilateral lower extremity numbness in a stocking glove pattern from the mid thigh down. The diagnoses were low back pain, lumbar disc degeneration, lumbar facet arthropathy, lumbar disc displacement, lumbar radiculopathy, peripheral neuropathy, and chronic pain. Prior therapy included consistent urine drug screens, medications, and surgery. The provider recommended a retroactive 04/19/2014 urine drug screen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROACTIVE (4/19/14) URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited.

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

**Decision rationale:** The request for RETROACTIVE (4/19/14) URINE DRUG SCREEN is non-certified. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Prior urine drug screenings were consistent with the medication regimen. As such, the request for RETROACTIVE (4/19/14) URINE DRUG SCREEN is non-certified.