

<b>Case Number:</b>	CM14-0104292		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 38-year-old male who reported an injury after trying to extricate his foot, which had sunk into some mud on 10/03/2012. On 07/11/2014, his diagnoses included lumbar radiculopathy, pain related insomnia, primary Coccidioidomycosis (aka valley fever), myofascial syndrome, and neuropathic pain. His complaints included low back pain radiating into the left leg below the knee. He rated his pain at 3/10 with medications and 8/10 without medications. He was encouraged to participate in a home exercise program. The rationale for the requested urine drug screen was to assess medication compliance and identify possible drug diversions. A Request for Authorization dated 07/11/2014 was included in this worker's chart.

### 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for a urine drug screen is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, and poor pain control. It was not documented that this injured worker had any aberrant drug related behaviors. Previous drug screens showed compliance with his prescribed medications. Therefore, this request for a urine drug screen is not medically necessary.