

<b>Case Number:</b>	CM14-0016531		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, and is licensed to practice in Illinois. 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 60 year old male with a 2/15/2010 date of injury who was apparently working on a telephone pole and, subsequently incurred low back pain, bilateral upper extremity pain. He underwent bilateral carpal tunnel releases and hernia repair in 2010. The request is for urine toxicology screen. The last one is reported to have been done on 11/16/13. On 7/23/13, the injured worker reports low back pain radiating to bilateral lower extremity. He is prescribed Norco 25/325, Protonix 20mg, and Naprosyn. On 10/9/13, the injured worker reported good results with the current medications. On 11/6/13, the injured worker complains of right wrist pain, 7/10, mid back pain 9/10. He has completed 3 epidural steroid injections (ESI's) with no documentation of results. An examination notes range of motion limited by pain, positive kemp's, lumbar facet, straight leg raising (SLR) and Braggarts bilaterally. Medications on this date include Theramine, topical compound cream, Naprosyn, Protonix, and Norco. The diagnosis is lumbar disc syndrome, degenerative disc disease (DDD), grade 1 spondylolisthesis, bilateral shoulder, elbow and wrist strain.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids Page(s): 43, 94-95.

**Decision rationale:** The requested Urine Toxicology Screen is not medically necessary. The treating provider does not provide sufficient information as to why a repeat toxicology screen is being requested 2 months after a previous toxicology screen and prior to the recommended 6 month time frame. The information provided reflects the injured worker has been stable and considered a low risk for adverse events and the guidelines recommend screening on a 6 month basis. The medical records reflect the injured worker had a toxicology screen on November 13, 2013 and the repeat screen is being requested 2 months later. Therefore based on the CA MTUS guidelines the request is not medically necessary.