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| <b>Case Number:</b>   | CM14-0118255 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 05/17/2001 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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 57-year-old female, who reported an injury on 05/17/2001. The mechanism of injury was not provided for clinical review. The diagnoses included complex regional pain syndrome, stage 3 kidney failure. The previous treatments included medication and physical therapy. Within the clinical documentation dated 02/24/2014, it was reported the injured worker complained of left lower extremity pain and low back pain. The injured worker rated her pain 2/10 in severity. Upon physical examination, the provider noted the injured worker favored her left leg. The injured worker had mild hypersensitivity over the dorsum of her left foot. The provider indicated the injured worker had mild tenderness over the left SI (sacroiliac) joint and greater trochanter. The request submitted is for 9 urine drug screen tests. However, a rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nine (9) Urine Drug Tests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Criteria for use of Urine Drug Testing.

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

**Decision rationale:** The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be also used in conjunction with therapeutic trial of opioids, for ongoing management and as a screening for risks of disease and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. There is lack of documentation indicating that the injured worker previously had a urine drug screen. There is a lack of documentation indicating the medication regimen the injured worker is on. There is a lack of documentation of evidence of opioid use. Therefore, the request is not medically necessary.