

<b>Case Number:</b>	CM14-0135512		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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 56-year-old male who reported an injury after he missed a step on a ladder and fell on 03/18/2014. The clinical note dated 08/11/2014 indicated diagnoses of cervical spine, rule out disc herniation; history of cervical fracture, location unknown; lumbosacral strain with history of compression fracture, rule out radiculopathy; bilateral shoulder strain, rule out internal derangement and rule out rotator cuff syndrome; and right knee strain, rule out meniscal injury. The injured worker reported persistent pain in the neck, mid back, low back, both shoulders, and both hips rated 8/10 and right wrist rated 6/10. The injured worker reported he took tramadol on an as needed basis that helped him with pain from 8/10 to 5/10 and allowed him to do more activities of daily living around the house. The injured worker stated the pain was better with therapy, medications, chiropractic therapy, massage, and heat. The injured worker reported the pain was worse with sitting and lifting. The injured worker was not working. On physical examination of the cervical spine, there was decreased range of motion with crepitus and palpable muscular hypertonicity and tenderness. There was decreased sensation in the right anterior lateral arm and forearm with decreased grip strength in the right upper extremity. On examination of the bilateral shoulders, there was decreased range of motion that was considered moderate. There was a positive impingement sign on the right with positive rotator cuff syndrome on the right. The injured worker had lumbosacral pain and decreased range of motion in the right anterolateral thigh with decreased sensation over the thigh and dorsal foot. The injured worker had a positive straight leg raise test on the right with moderate loss of range of motion in all planes of the lumbar spine. The examination of the right knee revealed slight loss of range of motion with a positive McMurray's sign. The injured worker's treatment plan included Kera-Tek analgesic. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review.

The provider submitted a request for urine toxicology. A Request for Authorization dated 08/21/2014 was submitted for urine toxicology; however, a rationale was not provided for review.

### **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 Drug testing, urine drug screen Page(s): 43.

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

**Decision rationale:** MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or that the injured worker was suspected of illegal drug use. In addition, it was not indicated when the last urine drug screen was performed. Therefore, the request for urine drug screen is not medically necessary.