

<b>Case Number:</b>	CM14-0174053		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Family Practice 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:

64 yr. old male claimant sustained a work injury on 7/27/07 involving the low back. He was diagnosed with lumbar radiculopathy of L5-S1. An MRI on 1/24/14 showed canal stenosis of L2-L3 and disc protrusions. A progress note on 9/16/14 indicated the claimant had persistent 7/10 back pain. He could not heel-toe walk due to pain. Sciatic nerve root tests were positive on both sides. Range of motion was limited. The physician requested a Lumbar medial branch block and urine drug testing to monitor the claimant's use of Hydrocodone and Relafen. A previous drug screen was performed in April 2014. There was no mention at the time of drug non-compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Urine Drug Testing) (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.