

<b>Case Number:</b>	CM14-0023514		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	04/26/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 61-year-old female who reported an injury on 04/26/2003. The mechanism of injury was not provided. The diagnoses include chronic low back pain, lumbar radiculopathy, status post lumbar fusion, mild to moderate disc space narrowing, and facet arthropathy for the lumbar spine. Previous treatment included physical therapy, pain management, EMG, NCV, and surgery. The medication regimen includes Norco, Flexeril, and Terocin patches. Within the clinical note dated 12/11/2013, it was reported the injured worker complained of back pain which she described as aching, stabbing, and burning. She reported numbness, tingling and burning in her right lower extremity radiating to her foot. The injured worker complained of increased weakness in her right leg. Upon physical examination the provider noted tenderness to palpation of the lumbar spine, midline and over the right paraspinal with the paraspinal area being more tender than midline. The lumbar range of motion was decreased in all planes. The provider indicated the injured worker had decreased sensation in the L5-S1 on the right side. It was indicated the injured worker's strength was 5/5 in the lower left extremity and 4-/5 in the right psoas. The provider indicated the injured worker had a negative slump test on the left and a positive slump test on the right, a positive Lasegue's on the right and negative on the left. The provider requested a urine drug screen; however, a rationale was not provided for clinical review. The Request for Authorization was 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:

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Opioids.

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

**Decision rationale:** The injured worker complained of back pain which she described as aching, stabbing, and burning. She complained of numbness, tingling and burning in the right lower extremity radiating to her foot. The injured worker complained of increased weakness to her right leg. The California MTUS Guidelines recommend a urine drug screen as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management, and as screening for risks of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The last urine drug screen was not provided clinical review. Therefore, the request for a urine drug screen is non-certified.