

<b>Case Number:</b>	CM14-0024212		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Internal Medicine, Pulmonary Diseases 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 26-year-old female who reported an injury on 07/09/2013. The mechanism of injury was not provided. On 01/15/2014, the injured worker presented with low back pain that radiates up the back. The injured worker stated that the medication helped but upsets her stomach, and prior therapy treatments helped decrease pain and increase mobility. Upon examination of the lower back, there was tenderness to palpation to the paraspinal musculature and positive straight leg raise. The diagnosis were lumbar spine sprain/strain. Prior therapy included physical therapy, medications, and topical creams. The provider requested a quantitative chromatography urine test, the provider's rationale was not provided. The request for authorization form was dated 01/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 QUANTITATIVE CHROMATOGRAPHY URINE TEST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with therapeutic trial of opioids, for ongoing management, and as a screening for risks of misuse 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. Furthermore, the included medical documents did not include when the last urine drug screen was performed. As such, the request for 1 quantitative chromatography urine test is not medically necessary and appropriate.