

<b>Case Number:</b>	CM14-0030531		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Texas and New York. 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 50-year-old male who reported an injury on 11/30/2012. The mechanism of injury occurred when the patient was performing roofing duties and digging trenches. The injured worker's diagnoses include right hip post-traumatic arthrosis, lumbar herniated nucleus pulposus, right weak abductor muscle, chronic pain of the lumbar spine and right hip, depression, anxiety and insomnia. A review of the records indicated that the patient's prior treatments included medication, physical therapy and chiropractic therapy. Per the clinical note dated 01/23/2014, the injured worker complained of low back pain rated at a 2-4/10 and right leg pain of 6/10. On examination of the lumbar spine, the physician reported the patient had guarding, tenderness, trigger points, spasms, limited range of motion, and a positive straight leg raise test. The progress note dated 01/30/2014 indicated there were no changes in the patient's condition and he continued to have low back and right hip pain. The treatment plan was to continue observation and conservative measures and proceed with a lumbar epidural steroid injection. The patient's current medications were not provided in the medical records. The current request for a urinalysis date was 01/21/2014. A rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines Chronic Pain, On Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines for ongoing treatment indicate that the use of drug screening is for patients with issues of abuse, addiction or poor pain control. The clinical documentation provided failed to indicate that the patient had issues with abuse, addiction or poor pain control. There were no medications provided to indicate why the patient would need a urine drug screen. The information also failed to indicate that the patient had any abrupt behaviors that would warrant a urine drug screen. As such, the request for a urine drug screen is not medically necessary and appropriate.