

<b>Case Number:</b>	CM14-0031910		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 with a reported date of injury on 07/23/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical sprain/strain, bilateral shoulder tendinitis, left wrist ganglion cyst, lumbar disc disease, lumbar radiculopathy, and bilateral sacroiliac joint arthropathy. Her previous treatments were noted to include epidural steroid injection, shockwave therapy, and medications. . A urine drug screen was performed on 12/02/2013, which resulted negative for all medications tested. The progress note dated 03/20/2014 reported the injured worker complained of lumbar spine pain rated at 9/10. The pain was described as constant and severe, which radiated to the buttocks with occasional numbness and tingling, as well as giving out of her knees. The physical examination to the lumbar spine noted diffuse lumbar paraspinal muscle tenderness, mild facet tenderness, and positive straight leg raise to the right side. The range of motion to the lumbar spine was noted to be decreased. The provider reported decreased sensation along the L4 and L5 dermatomes bilaterally. The injured worker's medications were noted to include Protonix 20 mg, Naprosyn 550 mg twice a day, and Norco 5/325 mg 1 twice a day as needed. The request for authorization form was not submitted within the medical records. The request is for a urine drug screen at the next visit to ensure the injured worker is taking her medications as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen at next visit:** Upheld

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

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

**Decision rationale:** The request for Urine Drug Screen at next visit is non-certified. The injured worker had a previous urine drug screen in 12/2013, which showed negative for all medications tested. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, and using a urine drug screen to assess for the use or the presence of illegal drugs. The Guidelines recommend use of a drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker had a previous urine drug screen in 12/2013 and there is a lack of documentation regarding high risk to necessitate frequent urine drug screens. Therefore, it is too early for an additional urine drug screen and it is not warranted at this time. As such, the request for Urine Drug Screen at next visit is not medically necessary.