

<b>Case Number:</b>	CM14-0036912		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on February 20, 2011. The mechanism of injury is helping a patient into bed. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait with the assistance of a cane. There were trigger points identified along the lumbar spine. A urine toxicology screen was performed. Diagnostic imaging studies of the lumbar spine showed disk desiccation at L2/L3 and L5/S1, a disc protrusion at L3/L4, L4/L5 and L5/S1 effacing the thecal sac. Previous treatment includes chiropractic care and acupuncture. A request had been made for retrospective urine drug screening and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

**Decision rationale:** The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not medically necessary.