

<b>Case Number:</b>	CM14-0061336		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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, and is licensed to practice in Maryland. 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 employee was a 42 year old female who sustained an industrial injury on 03/04/13. The request was for urine toxicology. Diagnoses included cervicalgia, thoracic pain, lumbago, left knee and ankle pain, left ankle sprain/strain, left knee sprain/strain, cervical and lumbar sprain/strain. Her visit note from 01/30/14 was reviewed. Her subjective complaints included neck pain, stiffness, tingling and weakness radiating in shoulders with numbness, tingling and weakness. She also reported low back pain, stiffness, tingling and weakness radiating to left leg with numbness, tingling and weakness. She also reported left knee pain and left ankle pain. Objective findings included decreased and painful range of motion of cervical spine, lumbar spine, left knee and left ankle. There was spasm and tenderness to palpation in the above areas. Urine toxicology from 03/13/14 was negative. The only medication listed is Ibuprofen from 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77-78.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.