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| <b>Case Number:</b>   | CM14-0086425 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 10/15/2013 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 06/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Geriatrics and is licensed to practice in 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 43 year old man with a date of injury of 10/15/13. He was seen by his primary treating physician on 5/13/14 with complaints of low back pain with radiation to his left lower extremity. He said his pain was well controlled with medications, especially the creams and he denied side effects. His exam showed an antalgic gait and he could not sit due to pain. He had tenderness and spasms of the left gluteal and left sacroiliac. He had limited range of motion due to pain, a positive sitting root test and hyperesthesia of the left posterior thigh and calf. His diagnoses were lumbar spine sprain/strain/radiculopathy/myospams and multilevel disc protrusions of the lumbar spine. At issue in this review is a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic back and left lower extremity pain since an injury in 2013. The MD note of 5/13/14 requests a urine drug screen but there is no

documentation in the note of which medications the worker was taking. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction to substantiate the medical necessity of a urine drug screen. Therefore, the request is not medically necessary.