

<b>Case Number:</b>	CM14-0096070		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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. 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 56 year old male who had reported an injury to his cervical spine and lumbar spine. A clinical note dated 12/23/13 indicated the injured worker complaining of significant low back pain radiating to the right lower extremity. The injured worker previously underwent conservative treatment and activity restrictions and medications. The magnetic resonance image revealed findings consistent with 5mm disc herniation at L5-S1 with significant right sided neural foraminal stenosis. A clinical note dated 04/25/14 indicated the injured worker being recommended for urine drug screen as insufficient information was being presented to the provider regarding drug abuse, addiction, or dependency. The urine drug screen on 04/25/13 revealed normal findings consistent with drug regimen. No illegal substances were detected. The utilization review dated 04/17/14 resulted in denial as no information was submitted regarding the need for 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 Opioids Page(s): 89.

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

**Decision rationale:** The request for urine drug screen is not medically necessary. The injured worker complained of neck pain and low back pain. A urine drug screen is indicated for injured workers who have demonstrated aberrant behaviors, potential for drug misuse or have been prescribed ongoing use of opioid therapy. No information was submitted regarding displays of aberrant behaviors or potential for drug misuse or ongoing opioid use. Given this, the request is not indicated as medically necessary.