

<b>Case Number:</b>	CM14-0169368		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice in California. 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 patient is a 39 year-old woman who was injured at work on 2/24/2009. The injury was primarily to her neck, back, upper and lower extremities. She is requesting review of denial for a retrospective urine drug screen (DOS: 7/3/2014). Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. Her chronic diagnoses include: Cervical Spine Sprain/Strain; Cervical Spine Radiculopathy; Thoracic Spine Sprain/Strain; Lumbar Spine Sprain/Strain; and Lumbar Spine Radiculopathy. Medication treatment has included: NSAIDs, proton pump inhibitors and topical analgesics. There is no evidence in the available records that the patient is currently on an opioid. In the Utilization Review process, the request for a urine drug screen was denied as there was no evidence of indicators for the potential of abuse or prior inconsistent urine drug screen results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS: 7/3/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87-88.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available medical records there is no evidence that the patient is taking any controlled substances. Further, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that she is at high-risk for addiction. In summary, there is no evidence in the medical records to support the rationale for ordering a urine drug screen. This test is not considered as medically necessary.