

<b>Case Number:</b>	CM14-0188743		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 male, with a reported date of injury of 10/12/2013. The diagnoses include status post lumbar fusion, and status post fall. Treatments to date have included oral medications, radiographic studies, and an x-ray of the lower spine. The medical report dated 10/15/2014 indicates that the injured worker complained of low back pain, elbow pain, and buttock pain. He fell on 10/14/2014 while trying to get out of his car. The physical examination showed that the injured worker rose from a sitting position slowly and cautiously due to pain, and there was no radicular pain. The injured worker was advised to rest, apply ice to the back, and to take pain medication as needed. The treating physician requested a random urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Random drug screen for DOS: 10/10/14, QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. There is no evidence that long-term opioid use is planned for the patient's chronic pain. Therefore, the Retrospective request for Random drug screen is not medically necessary.