

<b>Case Number:</b>	CM14-0197957		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Practice 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:

This is a 50 year old male with a work related injury dated 07/24/2002. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 11/03/2014, the injured worker presented with complaints of neck pain referred to the bilateral hands and lumbar pain referred to the bilateral legs, right greater than left. Alleviating factors included heat, lying down, medication, and massage. Diagnoses included lumbar degenerative disc disease, chronic pain, lumbar discogenic spine pain, cervical myofascial pain syndrome, lumbar facet arthropathy, and radiculopathy. Treatments have consisted of home exercise program, moist heat, stretches, and medication. Diagnostic testing included a urine drug screen dated 09/15/2014 which was consistent with compliance, no drugs of abuse. Work status is noted as permanent and stationary. On 11/11/2014, Utilization Review denied the request for Urine Toxicology Screen citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review physician stated there is no clear information indicating why a urine drug screen is being requested and on the most recent exam dated 11/03/2014, the injured worker was noted to only taking Carisoprodol, presumably as needed. In addition, there is no evidence on a recent drug screen involving drugs of abuse. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.