

<b>Case Number:</b>	CM14-0199419		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 56 year old female patient who sustained a work related injury on 5/1/2014. Patient sustained the injury due to cumulative trauma. The current diagnoses include lumbar sprain/strain with radiculitis; right hip strain/sprain; right hip osteoarthritis. Per the doctor's note dated 10/31/14, patient has complaints of pain in the low back, right hip, right ankle and right knee at 7-8/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion and positive SLR. The current medication lists include Naproxen and omeprazole. The patient has had X-ray of hip on 4/22/14 that revealed degenerative changes. The patient has had ESWT for this injury. The patient has received an unspecified number of PT and chiropractic visits for this injury. She has had a urine drug toxicology report on 6/27/14 that was negative for antidepressant, opioid and benzodiazepines medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Drug Screen (DOS 09/25/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medication list contains Naproxen. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. She has had a urine drug toxicology report on 6/27/14 that was negative for antidepressant, opioid and benzodiazepines medication. Rationale for repeating Drug Screen was not specified in the records provided. The medical necessity of the request for Retrospective request for Drug Screen (DOS 09/25/14) is not fully established in this patient.