

<b>Case Number:</b>	CM14-0200389		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/19/1996
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, 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 injured worker is a 48-year-old male who reported an injury on 09/19/1996. The mechanism of injury was not provided. His diagnoses include lumbar sprain. Past treatment was noted to include medications. Multiple urine drug screens noted consistent results with the medication regimen. On 10/08/2014, it was noted the injured worker was "really sore." It was also indicated that this injured worker had decreased energy, fatigue, libido, and had temperature control issues. Upon physical examination, it was noted the injured worker had no adverse side effects or aberrant drug taking behaviors. It was also noted that he was able to perform his activities of daily living independently. His medications were noted to include Percocet 10/325 mg and ibuprofen 800 mg. His treatment plan was noted to include medications, DEXA scan, and lab studies. A request was received for urine toxicology screen without a rationale. The Request for Authorization was not provided.

### 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 Urine Drug Screen Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

**Decision rationale:** The request for urine toxicology screen is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or the presence of illegal drugs. More specifically, however, the Official Disability Guidelines note that the frequency of urine drug testing should be based on documented evidence of risk stratification including testing instrumentation and an explanation of low risk, moderate risk, and high risk. These risk levels determine how frequently urine drug testing should be performed. The clinical documentation submitted for review noted that his previous urine drug screens were consistent with the medication regimen and there was no documentation regarding risk stratification. In the absence of documentation notating his risk level, and as the injured worker has had previous consistent urine drug screens, the request is not supported by the evidence based guidelines. As such, the request for urine toxicology screen is not medically necessary.