

<b>Case Number:</b>	CM14-0203922		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/27/2004
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 36 year old injured worker (IW) with chronic back pain. His primary diagnosis is lumbago, and the date of injury is 06/27/2004. The current diagnosis is lumbar discogenic disease at L4-5. Treatment has included diagnostics and medications. He is being treated in a pain clinic. A request for authorization (ROA) was submitted on 10/16/2014 for retrospective authorization of a Urine Drug Screen done 07/29/2014. After reviewing the clinical records from the pain clinic physician from 04/22/2014 through 07/17/2014, and the toxicology report of 07/29/2014 with its accompanying billing claim, the utilization review (UR) agency issued a UR Determination Letter on 11/13/2014, denying the request for retrospective coverage of a Urine Drug Screen done 07/29/2014. CA-MTUS (California Medical Treatment Utilization Schedule) was cited. On 12/03/2014 the filed an application for independent medical review of the denied service of a urine drug screen done 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

**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 the urine toxicology screen in question is not medically necessary.