

<b>Case Number:</b>	CM14-0212896		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49-year-old woman with a date of injury of 09/25/2009. The submitted and reviewed documentation did not identify the mechanism of injury. Chiropractor notes dated 10/13/2014 and 11/13/2014 indicated the worker was experiencing lower back pain that went into the right leg and numbness and tingling in the right leg. Documented examinations consistently described tenderness in the lower back. The submitted and reviewed documentation concluded the worker was suffering from lower back radiculitis and strain/sprain. Treatment recommendations included chiropractic care with myofascial release, electrical stimulation, and traction. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for urine toxicology testing. A physician treating note dated 08/10/2010 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to Avoid Misuse/Addition. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg and numbness and tingling in the right leg. These records did not indicate the worker was taking any restricted medications or that this type of treatment was being considered. In the absence of such evidence, the current request for urine toxicology testing is not medically necessary.