

<b>Case Number:</b>	CM14-0218001		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/03/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained an industrial injury on 08/03/00. She reports low back pain. Treatments to date include medications, home exercise program, and bilateral ESIs on which provided 50-90% pain relief. Diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. In a progress note dated 11/04/14 the treating provider recommends an additional bilateral ESI, medications, and a urine drug test. At the time the claimant was on LYrica. No controlled substances showed on the urine result. On 12/17/14 Utilization Review non-certified the urine drug test, citing MTUS guidelines.

### 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 Drug testing Page(s): 43.

**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. The claimant was on Lyrica (no controlled substance). Based on the above references and clinical history a urine toxicology screen is not medically necessary.