

<b>Case Number:</b>	CM15-0198222		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: California, North Carolina  
 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 (n) 63 year old male, who sustained an industrial injury on 2-24-14. The injured worker was diagnosed as having cervical sprain, status post right shoulder arthroscopy, bilateral knee patellofemoral pain syndrome, lumbar spondylosis and bilateral hand sprain. Medical records (3-16-15 through 7-9-15) indicated lower back pain. The physical exam (3-16-15 through 7-9-15) revealed a positive straight leg raise test on the right and decreased lumbar range of motion. There is no documentation of suspected drug abuse or non-compliance with medication regime. As of the PR2 dated 8-6-15, the injured worker reports pain in his neck, right shoulder, wrists, hands, low back, knees and feet. He indicated his last physical therapy session was four days ago and provided "little relief of his pain". He rates his pain 5-9 out of 10. Objective findings include decreased lumbar and cervical range of motion and full knee range of motion. Current medications include Proscar. Treatment to date has included chiropractic treatments, Celebrex and Diazepam. The urine drug test on 7-9-15 was negative for tested substances. The treating physician requested a urine drug screen. The Utilization Review dated 9-15-15, non-certified the request for a urine drug screen.

### 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 Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** CA MTUS Guidelines support the use of drug testing (UDS) to assess for the use or presence of illegal drugs. UDS is also used to monitor patients on chronic opioid therapy. In this case, there is no indication that the patient has a current prescription for an opioid. His only medication reported appears to be Proscar. He appears to be taking no medications secondary to his industrial injury in 2014 and subsequent surgeries. The records do not indicate any suspicion for drug abuse, addiction, illegal drug use or poor pain control. Therefore, a rationale for a UDS is not established and the request is not medically necessary or appropriate.