

<b>Case Number:</b>	CM15-0204403		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

Certification(s)/Specialty: Internal 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 71 year old male, who sustained an industrial injury on 10-31-2013. Medical records indicate the worker is undergoing treatment for shoulder sprain-strain, knee sprain, neck sprain, thoracic sprain, lumbar sprain and wrist-hand sprain. A recent progress report dated 9-17-2015, reported the injured worker complained of pain in the cervical, thoracic and lumbar spine, bilateral shoulder, left hand, left [REDACTED] and shoulder tenderness.

Treatment to date has included physical therapy and topical creams. The Request for Authorization, dated 9-16-2015, is requesting Retrospective urine toxicology screen-confirmation (09-16-2015). On 10-12-2015, the Utilization Review noncertified the request for Retrospective urine toxicology screen-confirmation (09-16-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine toxicology screen/confirmation (DOS: 09/16/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

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

**Decision rationale:** The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. There is no indication that the patient was taking opioids or at risk of addiction. Therefore, the UR was correct in its denial. The request is not medically necessary.