

<b>Case Number:</b>	CM15-0084981		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old female, who sustained an industrial injury on October 19, 2012, incurring injuries to her neck, shoulders and arms from repetitive motions. She also suffered from mental abuse and developed depressive and anxious emotional and psychological symptoms from stress. She was diagnosed with a cervical spine sprain with right upper extremity radiculitis with cervical disc bulging and spinal stenosis, lumbar spine sprain with multi-level facet arthropathy, bilateral wrist sprain, left knee sprain and left thumb tenosynovitis. Treatment included massage therapy, physical therapy, Electromyography studies, pain medications and medicine management. Currently, the injured worker complained of persistent low back pain, neck pain, bilateral hand and wrist pain, left sided ribcage, left knee and left thumb pain. The treatment plan that was requested for authorization included a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lab, urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Steps to avoid misuse Page(s): 89, 94.

**Decision rationale:** This 53 year old female has complained of neck pain, shoulder pain and low back pain since date of injury 10/19/12. She has been treated with physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.