

<b>Case Number:</b>	CM15-0088977		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: 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 38 year old female, who sustained an industrial injury on 7/12/2007. She reported low back pain. The injured worker was diagnosed as having lumbar sprain/strain, and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medications. The request is for a urine analysis. The records contain several handwritten documents which are difficult to decipher. The records indicated the current medications to be Cymbalta and Vesicare. On 2/11/2015, she had continued low back pain. Current medications are listed as Cymbalta and Vesicare. She was advised to cut down on Cymbalta. On 4/15/2015, she complained of low back pain with radiation to the left leg. The treatment plan included: urine analysis for drug compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Urine Analysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

**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. In particular, there was no mention of opioid abherrent behavior. Based on the above references and clinical history a urine toxicology screen is not medically necessary.