

<b>Case Number:</b>	CM14-0122561		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 42 year-old female was reportedly injured on August 10, 2012. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated June 20, 2014 indicates that there are ongoing complaints of left hip and buttock pain and difficulty with activities of daily living. The physical examination demonstrated severe sacral iliac joint tenderness to palpation, minimal lumbar spine tenderness on palpation, slight lumbar muscles spasms, and with intact neurologic exam. Diagnostic imaging studies objectified minimal broad-based disc bulge without stenosis. Previous treatment includes physical therapy, epidural steroid injections, and medications. The injured worker is indicated as permanent and stationary. A request had been made for a Urine Toxicology for Adderall, with no evidence of prescription, and was denied in the pre-authorization process on September 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Criteria for Use of Opioids (Page 78)

**Decision rationale:** As outlined in the MTUS, this type of testing is an option when treating for chronic long-term opioids. However there has to be clinical indication such as drug diversion, intoxication, illicit drug use or some other parameter whereby drug testing is warranted. As such, based on the clinical ration presented for you the medical necessity is not been established