

<b>Case Number:</b>	CM14-0140903		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Ohio and Texas. 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 injured worker is a 52-year-old male who reported an injury on 10/20/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 indicated diagnoses of cervicgia, lumbar radiculitis, and status post arthroscopy of the left knee. The injured worker reported frequent neck pain radiating to the upper extremities with numbness and tingling rated 7/10 and the injured worker reported low back pain that radiated to the lower extremities with numbness and tingling rated 8/10. The injured worker also reported constant left knee pain rated 8/10. On physical examination of the cervical spine, range of motion was decreased. Lumbar range of motion was also decreased. The injured worker's treatment plan included medications and authorization for a lumbar spine evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included topical analgesics, ibuprofen, and Norco. The provider submitted a request for a qualitative drug screen. A request for authorization dated 04/24/2014 was submitted for a urine drug screen; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Qualitative Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines; Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for Retro Qualitative Drug Screen is not medically necessary. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or that the injured worker was suspected of illegal drug use. In addition, the request for retro qualitative drug screen did not indicate a retrospective date. Therefore, the request for retro qualitative drug screen is not medically necessary.