

<b>Case Number:</b>	CM14-0140957		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<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 Internal Medicine & Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 45-year-old female with a reported date of injury on 02/27/2014. The injury reportedly occurred when the injured worker was sitting in a row of chairs that collapsed. Her diagnoses were noted to include herniated disc to L5-S1, sacroiliac joint injury with sprain/strain, trochanteric bursitis to the bilateral hips, piriformis tendonitis to the right hip, contusion versus tear to the bilateral calves, and right ankle ligament injury. Her previous treatments were noted to include medications, aquatic therapy, and physical therapy. The progress note dated 06/30/2014 revealed complaints of back pain that radiated to her sides. The injured worker also reported associated sciatic nerve pain down her thigh with a burning sensation that went all the way down to her feet. The injured worker reported severe spasms to her feet and revealed her knees hurt after walking for a long time. The injured worker complained of pain to the wrists and rated the pain on a scale to 8/10. The physical examination revealed tenderness to palpation over the thoracic and lumbar paraspinal muscles. There was facet tenderness to palpation at the L4-S1 levels. There was a positive Kemp's test bilaterally and a straight leg raise. There was a positive Farfan test bilaterally and decreased range of motion to the lumbar spine. There was decreased sensation along the L5 dermatomal distributions bilaterally, and decreased motor strength to the foot inverters and big toe extensors. The deep tendon reflexes were noted to be absent to the bilateral ankles. Her medications were noted to include naproxen, Soma, Norco, Paxil, and Flexeril. The injured worker had urine drug screens performed 06/11 and 06/30 that had negative results. The Request for Authorization form was not submitted within the medical records. The retrospective request was for a urine drug screen with date of service 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Urine Drug Screen (Date of Service 6/30/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT WORKERS' COMPENSATION, PAIN PROCEDURE SUMMARY, URINE DRUG TESTING (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Steps to Avoid Misuse/Abuse Page(s): 43; 94.

**Decision rationale:** The injured worker has had urine drug screens performed 05/27/2014, 06/11/2014, and 06/30/2014. The MTUS Chronic Pain Guidelines recommend using a urine drug screen to assess for the presence of illegal drugs. The MTUS Chronic Pain Guidelines recommend for those at high risk of abuse to perform frequent random toxicology screens. The injured worker has performed 3 urine drug screens from 05/14 to 06/14 and all of which have been consistently negative. There is a lack of documentation regarding the injured worker at high risk of abuse to warrant repeated urine drug screens. Therefore, the request for Retrospective review of Urine Drug Screen (Date of Service 6/30/2014) is not medically necessary.