

<b>Case Number:</b>	CM14-0214836		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 57-year-old woman with a date of injury of March 29, 2011. The mechanism of injury occurred while lifting a recipient in and out of a wheelchair. The injured worker's working diagnoses are lumbar disc displacement without myelopathy; cervical disc degeneration; and carpal tunnel syndrome. Pursuant to the progress note dated October 2, 2014, the IW complains of lower back pain and right upper extremity pain. The pain is rated 7/10. The pain is characterized as aching and sharp. Examination of the lumbar spine reveals restricted range of motion with spinous process tenderness noted. Current medications include Naproxen Sodium 550mg, Protonix 20mg, Soma 350mg, Quazepam 15mg, Menthoderm Gel, Hydrocodone/APAP 10/325mg, and Ultram 50mg. The treating physician reports the IW does not appear to be in any distress. She has good communication ability. She does not show any signs of intoxication or withdrawal. There was no clinical indication or rational documented for performing a urine drug screen. The current request is for retrospective urine drug screen (DOS: 10/2/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen (DOS: 10/2/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug screen date service October 2, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered the version of prescribed substances. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; cervical disc degeneration; and carpal tunnel syndrome. Refilled prescriptions are Soma 350 mg, hydrocodone/acetaminophen 10/325 mg; Protonix 20 mg, Quazepam; and Naproxen 550 mg. Documentation in the October 2, 2014 progress note did not contain a clinical indication or clinical rationale for the urine drug screen. The injured worker was reportedly taking her medications and not exhibiting any aberrant drug-related behavior. Consequently, absent clinical documentation to support the urine drug screen dated October 2, 2014 with no clinical indication and/or clinical rationale, retrospective during drug screening date of service October 2, 2014 is not medically necessary.