

<b>Case Number:</b>	CM14-0217808		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 32-year-old male with a work related injury dated June 24, 2013. The mechanism of injury involved a box falling on the worker with resulting injuries in his back and right arm. At the physician's visit dated December 5, 2014, the worker was complaining of lower back pain that radiated down the right leg. There was also mid-back pain, numbness, and tingling in the front and back of the right leg. Pain was also reported to be constant and sometimes sharp and stabbing. Pain was reported to be aggravated by bending and lifting heavy objects. Cough and sneezing caused the pain in the lower back. Pain was rated a seven on a scale of ten. The worker could sit half an hour, stand one hour and walk one hour. The worker had received physical therapy, TENS therapy, massage therapy and reported this did not really help improve his symptoms. The worker also used a corset. Pain medications include cyclobenzaprine, a pain gel, omeprazole and Naproxen. The worker was out of work at this visit and was only able to lift 20 pounds. Physical exam was remarkable for joint pain and stiffness. He was depressed, angry, up frequently at night, experiencing anxiety and unusual stress. There was mild tenderness at mid-line of the lumbosacral spine from the L4 to sacrum and range of motion decreased. Diagnoses at this visit were thoracic spine strain, which has resolved, lumbar spine strain without radiculopathy resolving, anxiety and stress. Plan of care at this visit included x-ray of the thoracolumbar spine, physical therapy two times per week for four weeks and medications cyclobenzaprine, flurbiprofen and pain cream. The authorization request dated December 15, 2014 request a referral to [REDACTED] and a urine drug screen. The utilization review decision dated December 21, 2014 non-certified the request for a referral to [REDACTED]

██████████ and a urinalysis. The rationale for non-certification stated that the worker had received a urine drug screen on October 10, 2014 and the results of that test were "None detected, none of the analytes tested were detected". It was unclear what medications the patient was on to clarify the rationale as well. The medical necessity of this request has not been clearly demonstrated; therefore the request for the referral is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Toxicology referral:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for request for toxicology referral is not medically necessary.

**Urinalysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for Urinalysis is not medically necessary.