

<b>Case Number:</b>	CM15-0001978		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female who reported an injury on 03/07/2012. The mechanism of injury was not provided. Her diagnoses included lumbar disc protrusion, lumbar radiculopathy, and lumbar stenosis. Past treatments included medications and injections. On 12/03/2014, the injured worker complained of discomfort in her low back with continued radiating pain to her right ankle. Physical examination revealed low back pain and stiffness with limited flexion. The treatment plan included a urinary drug screen. Her current medications were not included. A request was received for urinary toxicology 1 every 3 months. The rationale for the request was not provided. The Request for Authorization form was dated 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinary Toxicology 1 Every 3 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for urinary toxicology 1 every 3 months is not medically necessary. The California MTUS Guidelines recommend drug testing to assess for the use or the presence of illegal drugs during treatment with opioids. However, the documentation does not indicate the injured workers current medication use, including treatment with opioids. Given the absence of the information indicated above, the request is not supported. In addition, there was no documentation with evidence of a clear rationale for urine drug screening once every 3 months. Therefore, the request for Urinary Toxicology 1 Every 3 Months is not medically necessary.