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| <b>Case Number:</b>   | CM15-0122979 |                              |            |
| <b>Date Assigned:</b> | 07/14/2015   | <b>Date of Injury:</b>       | 12/04/2013 |
| <b>Decision Date:</b> | 09/04/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 31 year old female, who sustained an industrial injury on 12-4-13. She has reported initial complaints of a left lower leg injury. The diagnoses have included lumbar radiculopathy and left knee contusion. Treatment to date has included medications, diagnostics, crutches, epidural steroid injection (ESI), acupuncture and chiropractic. Currently, as per the physician progress initial evaluation note dated 5-18-15, the injured worker complains of low back pain, left leg, left knee, left ankle and left foot pain. The pain is associated with numbness and weakness in the left leg and the symptoms have remained unchanged. The physical exam reveals tenderness to palpation, spasms, decreased lumbar range of motion and positive straight leg raise on the left in seated position to 50 degrees. There is tenderness to palpation over the left knee. The current medications included Tramadol, Diclofenac, and Prilosec. The physician notes that a urine drug screen was performed and it was consistent with the medications prescribed. The physician requested treatment included Retro Urine drug screen DOS: 5-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Urine drug screen, DOS: 5/18/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The test was ordered at the time of initiating Tramadol and prior use was not noted. The screening results were negative for medications. Based on the above references and clinical history a urine toxicology screen is not medically necessary.