

<b>Case Number:</b>	CM15-0125846		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Indiana, Michigan, 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 61 year old female who experienced a work related injury on 6/29/2012. Since that event, treatment has included aquatic therapy, acupuncture, surgery, analgesic injections and medications. Imaging was performed and involved lumbar spine x-rays and CT of the lumbar spine on June 5, 2013 that showed hypertrophic changes with interbody prosthesis present. MRI of the right and left shoulders on September 10, 2013 showed no evidence of internal derangement. MRI of the cervical spine on August 19, 2013 was consistent with disc protrusion and osteophytes. MRI of the lumbosacral spine on April 24, 2014 revealed evidence of discectomy with placement of space prostheses. Diagnoses include sprain of neck, shoulder joint derangement and lumbar sprains and strains. Request is for a urine drug screen on April 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Outpatient; Urine Toxicology Drug Screen. DOS: 04/30/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Duration Guidelines - Treatment for Workers' Compensation 2015 web-based edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Criteria for use of opioids. Opioids, steps to avoid misuse/addiction Page(s): 43, 76, 77, 78, 94.

**Decision rationale:** MTUS addresses drug testing and recommends urine drug screening as an option to evaluate for the use or presence of illegal drugs "with issues of abuse, addiction or poor pain control". Records review did not indicate concern of drug abuse, addiction or misuse. Therefore, the request for a urine drug screen on April 30, 2015 is not medically necessary and appropriate.