

<b>Case Number:</b>	CM15-0174931		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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 is a 63 year old female, who sustained an industrial injury on 7-15-09. Medical record indicated the injured worker is undergoing treatment for (HNP) herniated nucleus pulposus of lumbar spine, status post left foot surgery, work related stress, cervical spine sprain- strain, right shoulder sprain-strain, bilateral knee sprain-strain and status post right total knee arthroplasty. Treatment to date has included oral medications including Zanaflex, Vicodin, Ibuprofen, Enalapril, Paxil and Neurontin; topical Butrans patch, right knee surgery, left foot surgery and activity modifications. She notes functional improvement and improvement in pain with her current medication regimen. Currently on 8-10-15, the injured worker complains of low back pain aggravated with prolonged walking and standing with a flare up 6 days prior. She rates the pain 5 out of 10. She also complains of left foot pain. She is currently not working. Objective findings on 6-4-15 and 8-10-15 noted tenderness in midline lumbosacral spine with moderate tenderness and spasms noted in right lumbar paraspinal muscles with restricted range of motion and ambulation with a cane for antalgic gait; moderate tenderness and mild swelling over the dorsal aspect of the left foot are also noted. On 8-10-15, a request for authorization was submitted for a urine drug screen. On 8-26-15, utilization review non-certified a request for a urine drug screen noting the documentation does not provide clinical suspicion of illicit drug use or prescription noncompliance; furthermore, no documentation of planned drug screens is seen.

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

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no schedule provided for urine drug testing. There is no specific indication for the requested urine drug screen. Medical necessity for the requested item is not established. The requested item is not medically necessary.