

<b>Case Number:</b>	CM15-0066538		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on March 15, 2013, incurring back and shoulder injuries. She was diagnosed with degeneration of thoracic and lumbar disc disease, brachial neuritis, radiculitis, and right shoulder tear. Treatment included lumbosacral epidural steroid injection, pain medications and neuropathy medications. Currently, the injured worker complained of neck pain, right shoulder pain and low back pain. The treatment plan that was requested for authorization included a urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on March 15, 2013. The medical records provided indicate the diagnosis of degeneration of thoracic and lumbar disc disease, brachial neuritis, radiculitis, and right shoulder tear. Treatment included lumbosacral epidural steroid injection, pain medications and neuropathy medications. The medical records provided for review do not indicate a medical necessity for Urine toxicology screening. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The records indicate that the preceding month's urine drug testing revealed presence of Temazepam, a controlled drug, but the injured worker reported it was prescribed by her psychiatrist. Nevertheless, the same note of 03/5/2015, had reported under psychological as follows, "the patient denies having depression, anxiety, suicidal attempts or difficulty sleeping." There was nowhere else in the records provided that it was indicated the injured worker has psychiatric problems or is under the care of a psychiatrist. Consequently, in the absence of proven evidence of psychological disorders, this injured worker is considered to be at low risk; the presence of Temaxepam is an evidence of aberrant behavior, for which reason the opioid medication should be discontinued based on the MTUS guidelines on when to discontinue opioids. Therefore, the request is not medically necessary.