

<b>Case Number:</b>	CM15-0075113		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/10/2003
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

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 68 year old male, who sustained an industrial injury on 12/10/03. The injured worker has complaints of chronic severe back pain with upper extremity numbness, tingling and weakness due to facet arthropathy. The diagnoses have included cervical degenerative disc disease; thoracic degenerative disc disease and lumbar degenerative disc disease. Treatment to date has included narcotic pain medication; physical therapy; transcutaneous electrical nerve stimulation unit; acupuncture; group therapy; psychiatrist; hypnosis; biofeedback; nerve blocks and epidural injections. The request was for retrospective review for date of service 02/04/15 for services provided for: urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: review for date of service 02/04/15 for services provided for: urine drug screen:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT) Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retro: review for date of service 02/04/15 for services provided for: urine drug screen is not medically necessary.