

<b>Case Number:</b>	CM15-0092343		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 58-year-old male, with a reported date of injury of 05/19/2009. The diagnoses include lumbar intervertebral disc displacement without myelopathy, thoracic/lumbosacral neuritis/radiculitis, lumbar spondylosis, and lumbar disc disease with right lower extremity radiculopathy. Treatments to date have included oral medications, topical pain medications, and an MRI of the lumbar spine on 12/08/2014. The pain management consultation report dated 03/26/2015 indicates that the complained of bilateral low back pain, thoracic spine pain, neck pain, and right anterior knee pain. He rated the pain 6 out of 10. The pain at its worst was rated 10 out of 10, and at its best 4 out of 10. The injured worker had numbness, tingling, and pain of the right anterior/posterior leg, right anterior/posterior knee, right shin, right ankle, right foot, right sacroiliac, and right buttock 50% of the time. The objective findings include lumbar flexion at 45 degrees, lumbar extension at 25 degrees, lumbar lateral left at 15 degrees, lumbar lateral right at 10 degrees, positive bilateral Kemp's test, and positive sitting root of the left lower extremity. The treating physician requested a urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids/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 is 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 recent notes did not indicate that he claimant was on controlled substances. Based on the above references and clinical history a urine toxicology screen is not medically necessary.