

<b>Case Number:</b>	CM15-0098783		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, North Carolina  
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 27 year old male, who sustained an industrial injury on 5/08/2009. Diagnoses include chronic pain syndrome, neck pain, lumbar radiculopathy, S1 radiculitis, lumbar degenerative disc disease, myalgia and lumbago. Treatment to date has included medications including Norco, Naproxen, Gabapentin and Lidoderm patches, home exercise, physical therapy, modified work and TENS unit. Per the Primary Treating Physician's Progress Report dated 2/12/2015, the injured worker reported burning pain in his low back rated as 4/10 without medications and 3/10 with medications on a subjective numerical scale. Physical examination revealed tenderness to palpation of the sacroiliac joints and sciatic notches. There was also diffuse tenderness to the lumbar paraspinals with muscle tightness appreciated. The plan of care included continuation of home exercise and TENS unit, massage therapy, and medications. Authorization was requested for high complexity qualitative urine drug screen by immunoassay method x 9 with alcohol testing, any method other than breath (DOS 11/20/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro high complexity qualitative urine drug screen by immunoassay x 9 with alcohol testing, any method other than breath x 1, DOS 11/20/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** CA MTUS states that drug testing is indicated to detect the use or presence of illegal drugs or compliance with a prescribed medication regimen in patients being treated for chronic pain. In this case, the last UDS recorded was in November, 2014. The records do not indicate potential abuse, adverse behavior or prior inconsistent drug screens. It is further not stated whether or not this patient is classified as a low, intermediate or high risk for drug abuse/misuse. Due to the lack of the above documentation, this request is found to be not medically necessary or appropriate.