

<b>Case Number:</b>	CM13-0019243		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 52-year-old female with an industrial injury dated 09/19/2012 resulting from cumulative trauma. Her diagnoses include chronic myofascial pain syndrome, chronic lumbar strain/sprain, and chronic lumbar radiculopathy. Recent diagnostic testing has included a MRI of the lumbar spine (03/05/2013) showing radiculopathy, moderate canal stenosis, and moderate to severe neuroforaminal narrowing. Previous treatments have included conservative measures, medications, chiropractic manipulation, and a trigger point injection (08/15/2013). In a progress note dated 07/10/2013, the treating physician reports ongoing pain in the low back radiating into the right lower extremity with occasional numbness and weakness. The objective examination revealed limited range of motion in the lumbar spine, decreased strength in the lower extremities, decreased ankle reflexes, decreased strength, and positive straight leg raises. The treating physician is requesting urine drug screen which was denied by the utilization review. On 08/22/2013, Utilization Review non-certified a request for urine drug screen, without specific rationale. The MTUS guidelines were cited. On 08/29/2013, the injured worker submitted an application for IMR for review of urine drug screen.

### 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 Treatment Guidelines  
Page(s): 77-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, 2) steps to take before a therapeutic trial of opioids, (j) consider the use of a urine drug screen to assess for the use or presence of illegal drugs, 4) ongoing management, (e) use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control, Opioids, steps to avoid misuse/addiction, c) frequent random urine drug toxicology screens  
Page(s): 77, 78, 94.

**Decision rationale:** As noted above, this patient presented with complaints of pain in her back and numbness in her legs. On examination, she exhibited bilateral cervical muscle spasm with trigger points and decrease range of motion of her back. She was diagnosed with a lumbar radiculopathy. Significantly, the patient was not taking an opioid medication nor was she seeking one from the examining physician. Additionally she did not exhibit any drug-seeking behavior or aberrant behavior to support the medical necessity of a drug screen. There was no issue of abuse, addiction or poor pain control to justify a drug screen. There was also no indication that the patient was engaged in illegal drug use. Since the physician did not prescribe an opioid drug, there was no medical necessity to screen for illegal drugs that could interact with an opioid.