

<b>Case Number:</b>	CM14-0149346		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 year old male, who sustained an industrial injury on September 8, 2009, incurring upper and lower back, and left upper extremity injuries. He was diagnosed with cervical spine strain, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, left upper extremity crush injury. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, antidepressants, proton pump inhibitor, neuropathic medications, epidural steroid injection, and activity restrictions. Currently, the injured worker complained of symptomatic with neck, left shoulder and left upper extremity pain. He noted increased lower back pain with reduced range of motion. The treatment plan that was requested for authorization included a urine drug screen four times a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (4x 1 year):** 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 procedure summary.

**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's 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. Based on the above references and clinical history a urine toxicology screen 4 times a year in advance without behind able to predict future medications is not medically necessary.