

<b>Case Number:</b>	CM13-0009627		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/04/1995
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 71 year old male who sustained a work related injury on 01/04/95. The mechanism of injury was not provided. The claimant's diagnoses include lumbar spine intervertebral disc syndrome with low back pain and lumbar myofasciitis. He complains of low back pain which radiates to the buttock and hips with numbness and tingling down the left leg. On exam he has palpable muscle spasm in the paravertebral area with decreased range of motion upon flexion and lateral bending at the lumbar spine. He also has complaints of gastrointestinal upset secondary to anti-inflammatory medication therapy and insomnia. The treating provider requested a urine drug test, which was performed on 07/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test performed on 7/1/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

**Decision rationale:** Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and

potential misuse of other medications. The claimant had urine screens obtained 04/16 /2013 and 05/23/2013. At those times he was prescribed Tramadol and Diazepam, but they were not detected in the screens. There was no specific indication for the urine test on 07/01/2013. The provider failed to discuss a valid explanation for the inconsistent results or confirmatory testing on the previous drug screens prior to recommending another urine drug screen on the present medical regimen. Medical necessity for this drug screen was not established. The requested service was not medically necessary.