

<b>Case Number:</b>	CM13-0013950		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 patient is a 70-year-old male who reported an injury on 03/08/1995. The mechanism of injury information was not provided in the medical record. The patient medication regimen included Soma 350mg 1 tablet four time daily, Lorazepam, Norco, and Simvastatin of which the dosage and frequency were not provided in the medical record. The patient has history of multiple back and knee surgeries. Most recent clinical note dated 10/30/2013 reported the patient had full strength to bilateral lower extremities, and had no radicular components. The patient was status post thoracolumbar fusion surgery. The patient stated since surgery he had an exacerbation of his lower back pain with spasms. Soma was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Routine urine drug screen every three months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines do not address Urine drug screens specifically, but it is mention with

ongoing opioid therapy. Urine drug screens are recommended as part of pain management program, and if suspicion of misuse of opioids, and/or increased pain etc. There is no documentation of the patient having signed any pain management agreements. And there are no objective clinical findings to suggest he patient is misusing his current pain medications, and no clinical documentation of the patient's pain levels to determine if the medications are even effective. Without sufficient clinical document to suggest there is a particular reason the urine drug screen is warranted at this time, I am unable to certify the request. The request for a routine urine drug screen every three months is not medically necessary or appropriate.