

<b>Case Number:</b>	CM13-0017306		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/27/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

Patient is a 59 year-old female with date of injury 12/21/2001. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 05/10/2013, lists subjective complaints as pain in the mid and lower back. Objective findings: No physical examination was performed, but the patient was given pain management counseling. Diagnosis: 1. Degenerated disc disease, thoracic 2. Degenerated disc disease, lumbar 3. Stenosis, lumbar spine 4. Failed back surgery syndrome. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 01/04/2013. Medications: 1. Aspirin low dose 81mg tabs, no SIG given 2. Flexeril 10mg tabs, SIG: 1po Qhs prn 3. Xanax 0.25 mg tabs, no SIG given 4. Lisinopril 10mg tabs, no SIG given 5. Topamax 50mg tabs, SIG: 1-4 po qd 6. Norco 10/325 mg tabs, SIG: 1 po q 6 hrs max 3/day 7. Nortriptyline HCL 25mg caps, SIG: 1qd.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG TESTING:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Criteria for Use of Urine Drug Testing.

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

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The medical record indicates that the patient has been drug test in approximately once per quarter, which falls within the MTUS guidelines of drug testing up to 4 times a year. Therefore, the request for urine drug testing is medically necessary and appropriate.