

<b>Case Number:</b>	CM13-0019604		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2001
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 06/06/2001. The mechanism of injury was not stated in the medical records. The patient's diagnoses are listed as lumbar spine stenosis, lumbar facet arthropathy, lumbar discogenic spine pain, and failed back surgery syndrome. The patient's symptoms were noted to include low back pain. His medications were listed as ibuprofen 800 mg 3 times a day as needed, Vicodin 5/500 one tab twice a day, and Adderall 20 mg. It states that the patient gave verbal understanding of the benefits of his medications, possible side effects, and agrees to be compliant in his medication usage. He was noted to be also participating in a home exercise program, moist heat, and stretching. It was further noted that the patient was counseled as to the benefits of the medication and the potential side effects and risks, and he was noted to fully understand these concepts and accepted the risks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Criteria for Use, On-going management Page(s): 43,78.

**Decision rationale:** California MTUS Guidelines state that urine drug screening to assess for the use or presence of illegal drugs is recommended as an option. Additionally, the guidelines state that for the ongoing management of patients taking opioid medications, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is appropriate. The documentation provided for review states that the patient has been taking opioid medications long-term for pain control. It is documented that he accepts the possible side effects and risks of this medication. However, there was no detailed documentation provided that states whether the patient is at risk of abuse, addiction, or having pain or poor pain control. With the lack of this detailed documentation regarding the ongoing management of the patient's opioid medications, a urine drug screening is not supported. Therefore, the request is non-certified.