

<b>Case Number:</b>	CM13-0022768		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2000
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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:

This is a 64 year-old male injured worker with date of injury 1/20/00 with related lower back pain that ranges 4-5 on a 1-10 scale per 12/12/13 report. MRI of the cervical spine dated 11/6/02 revealed a fusion from C5-C7. At C3-C4 there is a small central disc protrusion causing mild narrowing of the canal. Hypertrophic changes causing C5-C6 moderate bilateral narrowing left greater than right and mild left C6-C7; there is neural foramen narrowing. Lumbar study dated 11/6/02 revealed multilevel small osteophytes and disc bulges at the levels of L2-L3, L3-L4, and L4-L5. There is neural foramen narrowing in that area also. At L5-S1 there is a disc bulge and osteophytes causing mild left and minor right neural foramen narrowing. On 1/4/13 he had implantation of a spinal cord stimulator which has reduced his pain greater than 80% (per 12/12/13 progress report). He has been treated with physical therapy, epidural injection, TENS unit, SCS, and medication. The date of UR decision was 8/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Urine Drug Test at time of monthly visit, and per RFS for monthly UDT at time of visit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary updated 6/7/13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 94.

**Decision rationale:** MTUS Chronic Pain guidelines p94 recommend frequent random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. I respectfully disagree with the UR physician that a lack of risk factor obviates the need for frequent random UDS. The request is medically necessary.