

<b>Case Number:</b>	CM13-0028110		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/07/1993
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The patient is a 64-year-old male who reported a work related injury on 11/07/1993, specific mechanism of injury not stated. The clinical notes evidence the patient presents for treatment of the following diagnoses, cervicgia, and postlaminectomy syndrome of the lumbar region, lumbar radiculitis, and lumbar disc protrusion. The clinical note dated 08/19/2013 reports the patient presents with complaints of constant headaches rated at an 8/10, constant cervical spine pain radiating to the bilateral upper extremities, constant low back pain radiating to the bilateral lower extremities rated at an 8/10 to 9/10. Upon physical exam of the patient, lumbar range of motion was noted to be at 40 degrees extension, 10 degrees of extension, right lateral flexion 15 degrees, left lateral flexion 15 degrees, and a positive straight leg raise bilaterally. Tenderness about the hypertonic lumbar spine with spasms was noted. The provider documented the patient was administered Cyclobenzaprine HCl, Omeprazole, Norco 10/325 mg, gabapentin 600 mg, and Percocet 10/325 mg. The provider documented a qualitative drug screen was administered to the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 URINE DRUG TEST (DOS: 1/2/12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The clinical notes document the patient treatments for his chronic pain complaints under the care of [REDACTED]. The provider documents the patient presents for treatment of cervicgia, postlaminectomy syndrome about the lumbar spine, lumbar radiculitis, and lumbar disc protrusion. The patient's medication regimen includes Cyclobenzaprine, Omeprazole, Norco, gabapentin, and Percocet. A Review of the clinical evidence submitted evidences the patient undergoes qualitative drug screens on a regular basis under the care of [REDACTED] every 4 to 6 weeks. The California MTUS does indicate drug screening is recommended as an option, using a urine drug screen to assess for the use of presence of illegal drugs, as well as steps to avoid misuse/addiction; however, as the clinical notes lack evidence of the patient presenting with any aberrant drug behaviors or noncompliance with the medication regimen, or inconsistency of previous urine drug screens, the request for urine drug test is not medically necessary or appropriate.