

<b>Case Number:</b>	CM13-0028269		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/13/2013
<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 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:

The injured worker is a 32-year-old female who reported an injury on 11/17/2010. The injured worker's treatment history included physical therapy and multiple medications. The injured worker was evaluated on 08/29/2013. The injured worker's medications included Norco 10/325 mg, Senokot 8.6 mg, Fexmid 7.5 mg, and Relafen 750 mg. It is noted that the injured worker complained of 6/10 cervical spine pain with medications. Physical findings included tenderness to palpation of the lumbar paraspinal musculature, painful range of motion secondary to pain. The injured worker's diagnoses included lumbago, sacroiliac joint dysfunction, long term use of opioids, and anxiety. A urine drug screen was performed. It was noted that the injured worker was positive for opioids which is consistent with the injured worker's prescribed medication schedule. The injured worker's treatment plan included continue with prescription drug management, refill medications, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO DOS 08/29/13 URINE DRUG SCREEN QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77,78,94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Screens.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends urine drug screens for patients who are at risk for aberrant behavior or exhibit signs of overuse or withdrawal. The clinical documentation fails to provide any evidence that the injured worker has signs or symptoms consistent with overuse or withdrawal of their medications. Additionally, the Official Disability Guidelines recommend urine drug screens on a yearly basis for patients who are at low risk for aberrant behavior. The clinical documentation fails to provide a risk assessment to determine the injured worker's level of risk for aberrant behavior. Additionally, there is no documentation of when the injured worker's last urine drug screen and the results of that urine drug screen were performed. Therefore, Retrospective (date of services 08/29/13) Urine Drug Screen quantity: 1.00 is not medically necessary.