

<b>Case Number:</b>	CM13-0028544		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 40 year old male who reported an injury on 07/22/2012 due to continuous trauma. The injured worker was last examined on 01/16/2014. The injured worker has ongoing low back pain. The pain is isolated in the lumbosacral region. The pain is 7/10 but he appears comfortable. The medication the injured worker is on is Norco, Ultram, and Celebrex, no dosing or amount is documented. At this time it appeared he had reached a permanent and stationary status having achieved maximum medical improvement. The injured worker's symptoms have reached a plateau at a tolerable level. A random urine drug screen is requested to avoid possible opioid abuse. The last urine drug screen was on 11/25/2013 and showed positive for Hydrocodone which would be normal as the injured worker is on Norco for chronic low back pain. The proper documentation was not provided and a random urine drug screen was reasonably noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

**Decision rationale:** The request for Urine Drug Screen is not medically necessary. The Medical Treatment Utilization schedule (MTUS) state frequent random urine toxicology screens are to be used to avoid misuse/addiction with proper, documentation of possible misuse for those at high risk of abuse. Documentation should make evident the reasons that confirmation tests are required. This includes information about the actual classes of drugs requested for testing. There was no quantified information regarding pain relief. There was a lack of documentation regarding inconsistent urine drug screens. In addition there was no mention of a lack of side effects. Given the above request for urine drug screen by the Chronic Pain Medical Treatment Guidelines therefore is not medically necessary.