

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0031367 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 06/19/1995 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 09/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2013 |

### 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 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 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.

### 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 71-year-old male who reported injury on 06/19/1995. The mechanism of injury was not provided. The patient was noted to be taking Norco 2 tablets a day for pain control and a Lidoderm patch. The patient's diagnoses were noted to include lumbosacral degenerative disc disease, disc injury, and stenosis, along with lumbosacral radiculopathy. A recommendation was made for the patient to have a random urine drug screen 2 to 4 times over 1 year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screen two (2) to four (4) times over one (1) year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guidelines, web-based edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. Clinical documentation submitted for review failed to provide the rationale for the necessity for random urine drug screens 2 to 4 times over 1 year. There was lack of documentation indicating the patient had a documented issue of abuse, addiction, or poor pain control. Given the above, the request for random urine drug screen 2 to 4 times over 1 year is not medically necessary