

<b>Case Number:</b>	CM13-0034826		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Texas. 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:

The patient is a 46-year-old male who reported an injury on 09/25/2008. The mechanism of injury was not provided for review. The injury resulted in a posterior lumbar interbody fusion with instrumentation of the L5-S1 and central laminectomy at the T10. The patient's treatment history included a back brace, medications, chiropractic care, physical therapy, and acupuncture. The patient's medication schedule included trazodone 100 mg, hydrocodone/acetaminophen 5/500 mg, and gabapentin 300 mg. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination findings included tenderness to palpation over the paraspinal process at the L4 through S1 levels with limited spinal range of motion. The patient's diagnoses included lumbar radiculopathy, status post fusion of the lumbar spine, history of thoracic lesion, and chronic pain. The patient's treatment plan included continuation of medications and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**random drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Screen Tests.

**Decision rationale:** The requested random drug testing is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is on medication that does require monitoring for aberrant behavior. California Medical Treatment Utilization Schedule does recommend random drug testing as a way to monitor patients for compliant behavior when prescribed controlled substances. Additionally, drug screening is recommended when there is suspicion of illicit drug use. The clinical documentation submitted for review does not provide any evidence that the patient displays any aberrant behavior would provide suspicion of illicit drug use. Additionally, it is noted that the patient received a urine drug screen 1 month prior to the requested random drug screen. Official Disability Guidelines recommend patients at low risk for aberrant behavior be tested on a yearly basis. Therefore, additional testing would not be supported. As such, the requested random drug testing is not medically necessary or appropriate.