

<b>Case Number:</b>	CM13-0039767		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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 70-year-old male who reported a work-related injury on 03/29/2001 as result of strain to the left knee. The patient presents for treatment of the following diagnoses: lumbago; thoracic/lumbosacral neuritis/radiculitis; post-laminectomy syndrome of the lumbar region. The clinical note dated 08/13/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient is to continue with the following medication regimen: Ambien, Biofreeze, Celebrex, Dilaudid, fentanyl transdermal patch 75 mcg, Fentora, Lyrica, Soma, methadone, and Zanaflex. The provider documented the patient was to undergo a urine drug screen on 08/13/2013. The provider documented the patient had undergone a urine drug screen on 07/16/2013 which was noted as mostly consistent negative for HM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine drug test:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

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

**Decision rationale:** The clinical notes document the patient presents with multiple bodily injury pain complaints status post a work-related injury sustained in 2001. The patient, in addition, utilizes multiple opioids for his pain complaints. The provider documents the patient had an inconsistent urine drug screen in 07/2013. The clinical note documents the patient had undergone a baseline urine drug screen in 05/2009; repeat urine drug screens in 06/2011, 07/2012, and 07/2013. The inconsistent test was performed in 07/2013 and a repeat urine drug screen was performed a month later as the patient's urine drug screen in July was inconsistent and was negative for hydromorphone. Given the inconsistent urine drug screening performed in July with the provider testing the patient on average once a year, the current request is supported. California MTUS supports assessment of drug testing to avoid misuse and addiction for patients who are utilizing opioids. Given all of the above, the request for retro urine drug test is medically necessary and appropriate.