

<b>Case Number:</b>	CM13-0059962		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and is licensed to practice in Arizona. 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 injured worker is a 47 year old woman with a medical history of hypertension and a work-related injury resulting in chronic lumbar pain with lumbar laminectomy syndrome. Date of injury is 12/14/2000. A primary pain specialist manages her pain. She keeps regular appointments monthly with this provider and is prescribed soma, hydrocodone, dilaudid and Zofran. The patient has had multiple urine toxicology screens dated 12/24/12, 1/31/13, 4/15/13, 6/11/13, and 9/25/13. All have been appropriate. The pain specialist has documented on several occasions that she is able to increase her mobility and continue her ADLs due to her pain medications. Her affect is noted to be appropriate and CURES report unremarkable. The providers note there are no signs of aberrant behavior or abuse. UDT and CURES reports are appropriate. On 10/31/13, a utilization review denied the request for a urine toxicology screen citing it as not medically necessary.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-96.

**Decision rationale:** The patient has chronic pain that is managed with opioid analgesic medications. She is followed regularly by her pain specialist with multiple urine toxicology screens, CURES reports that are all unremarkable. With regards to urine toxicology screens (UTS) the MTUS states that at the initiation of treatment with an opioid analgesic consider the use of UTS to assess for the use or the presence of illegal drugs. Also as ongoing management the use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. This patient has been managed successfully over a long period of time with opioid analgesics. She does not have any indication that she is misusing her medications. Her last appropriate drug screen was 9/25/13. The urine toxicology screen ordered 10/4/13 was not medically necessary.