

<b>Case Number:</b>	CM13-0066287		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Family Practice 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. 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 yr. old female claimant sustained an injury on 3/12/12 to her lumbar spine after another person had fallen on her. Prior to the injury she had a history of back pain and a microdiscectomy in 1999. Most recently, as of 9/9/13, she had been taking Norco and Flexeril for pain. At the time she was noted to have weakness in the upper extremities and lower extremities. She was maintained on pain medications for most of the course of her treatments without indication of abuse on non-compliance. A prior urine drug screen on 5/1/113 and 7/29/13 was consistent with her taking opioids. A more recent urine drug screen on 10/31/13 was consistent with the medications prescribed- opioids

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 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 Urine Toxicology and Opioids Section Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on references, prior non-deviant urine screen results, lack of indication of abuse and clinical history, a urine toxicology screen is not medically necessary.