

<b>Case Number:</b>	CM13-0070981		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 expert 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:

This patient is a 49 year-old with a date of injury of 02/05/07. A progress report associated with the request for services, dated 09/04/13, identified subjective complaints of low back pain. Objective findings included no tenderness to palpation and negative straight leg-raising tests. Reflexes were normal. Diagnoses included lumbar disc disease with radiculopathy. Treatment has included an inferential unit, hot and cold therapy, and a lumbar support. There is no mention of opioid therapy. However, other encounters indicate the patient was on Norco, and this encounter implied ongoing therapy with pain medication. A Utilization Review determination was rendered on 12/23/13 recommending non-certification of "retrospective urine analysis with a date of service of 9/4/2013".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE URINE ANALYSIS WITH A DATE OF SERVICE OF 9/4/2013:**

Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. This patient appears to be low risk and there is no documentation of a urine drug screen within the last year. The non-certification was based upon lack of documentation of opioid therapy. However, other records submitted did indicate opioid therapy. Therefore, necessity is medically necessary for urine drug screen on 09/04/13.