

<b>Case Number:</b>	CM14-0000908		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Neurology 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 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:

██████████ is a 53-year-old man who sustained a work-related injury on August 27, 2010. Subsequently the patient developed with chronic back pain. According to a note dated on December 2, 2013, the patient was complaining of chronic back pain. The patient was last seen on October 21, 2013. He was waiting for authorization for lumbar spine surgery. The patient physical examination demonstrated lumbar PAIN with reduced range of motion and difficulty with standing up. The patient was using a cane for walking. His EMG nerve conduction study demonstrated the right side radiculopathy. His lumbar workup done on October 21, 2013 was normal including a urine drug screen. The patient was on tramadol since at least 2012 and the provider recommended continuing current medication. The provider requested the urine drug screen every 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINALYSIS POINT OF CARE (POC) DRUG TEST EVERY 3 MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The patient treated with tramadol which is not considered as controlled substance by the DEA. There is no documentation that the patient is taking controlled opioids. He has no history or evidence of aberrant behavior. He has no clear evidence of abuse and addiction. There is no documentation that the patient has a history of use of illicit drugs. His previous drug screen was negative therefore, the request for Urine drug screen every 3 months is not medically necessary.