

<b>Case Number:</b>	CM14-0002034		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Family Practice has a subspecialty in Pain Medicine 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:

The claimant is a 28 year old who sustained a work related injury resulting in chronic low back pain with radiculopathy. She had undergone epidural steroid injections, hot/cold pumps, lumbar orthosis and therapy. The claimant had taken varied analgesic for pain control. A urine drug screen on 10/9/13 was positive for hydromorphone. An exam note on 10/16/13 indicated the claimant had been given topical analgesics. A urine drug screen on 11/6/13 was positive for carsiprodolol, hydrocodone and hydromorphone. A urine drug screen performed on 12/4/13 was positive for Carsiprodolo/Meprobomate, Oxycodone and Oxymorphone. According to the automated lab report these medications were inconsistent with drugs prescribed. According to a prior review note, the claimant had been given SOMA, Percocet on 11/6/13 for 10/10 back pain.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 83-91.

**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. In this case, there is no clear history of medications prescribed and time of medications. In addition, there is no documentation of abuse or misuse. Although the automated reports show inconsistencies, there is no documentation of action taken. Furthermore, many of the positive results may be due to metabolites found from the prescribed medications. Based on the above references and clinical history a Urine Toxicology screen is not medically necessary.