

<b>Case Number:</b>	CM14-0006780		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 60 year old male who reported an injury on 12/27/2013. The mechanism of injury was reported as stepping off his truck. The diagnoses included lumbar sprain, lumbar radiculopathy, and status post lumbar spine surgery. Per the 01/09/2013 progress report, the injured worker reported low back pain and difficulty sleeping. Physical exam findings included decreased range of motion of the lumbar spine, tenderness to palpation at L3-5 paraspinal muscles, and positive straight leg raising. The injured worker underwent a urine drug screen. His medication regimen included Cyclobenzaprine 7.5mg, Gabapentin 600mg, Hydrocodone 10/325, Naproxen 550mg, Omeprazole 20mg, and Tramadol 50mg. A comprehensive drug panel collected 03/11/2013 detected Hydrocodone and was consistent with the current prescribed medication. Per the 12/18/2013 progress report, the injured worker was to continue Hydrocodone/APAP 10/325mg, and Omeprazole 20mg. The following medical creams were noted, 240gm Flurbiprofen 20%, Licodine 10%, Dexamethasone 4% and 240gm Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Flurbiprofen 10%. The provider noted he spent 30 minutes reviewing toxicology results from urine collected on the previous visit. The request for authorization form for a follow up urine screen was submitted 12/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- (OPIATES, STEPS TO AVOID MISUES/ADDICTION), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug testing Page(s): 43.

**Decision rationale:** The request for one urine drug screen is non-certified. The CA MTUS guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided indicate an ongoing prescription for Hydrocodone since at least 01/09/2013. A urine drug screen performed 03/11/2013 was normal. It was also noted toxicology results were reviewed at the 12/18/2013 visit. The results of that test were not discussed. There is no indication the injured worker was misusing his medications or that he was suspected of misuse. The medical necessity for an additional urine drug screen was not established. As such, the request for one urine drug screen is non-certified.