

<b>Case Number:</b>	CM14-0007879		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/06/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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 patient is a 48-year-old male who has submitted a claim for herniated lumbar disc, chronic pain syndrome, and neuropathic pain associated with an industrial injury date of January 6, 2007. Medical records from 2012 to 2013 were reviewed. The patient complained of persistent lower back pain with radiation to the lower extremities. Physical examination findings are BP: 120/72, Pulse: 80, Respiration: 12, Height: 5'3", Weight: 137lbs, Temperature: 97.6, BMI: 24.5, and Fat: 29.1%. Treatment to date has included NSAIDs, anticonvulsants, opioids, muscle relaxants, and topical analgesics. Utilization review from January 2, 2014 denied the request for retrospective: urine drug screen 11/15/13 because the patient had 6 urine drug screens within 2013. There were no reports of aberrant drug behavior or high risk for abuse to support another urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE : URINE DRUG SCREEN DOS 11/15/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238.

**Decision rationale:** According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, non-pain use of medication, and missed appointments. In this case, the patient complained of persistent lower back pain despite intake of oral pain medications. Seven urine drug screens within 2013 were done dated: 2/4/13, 2/25/13, 3/28/13, 6/13/13, 7/5/13, 8/2/13, and 8/19/13. Urine drug screens from June, July, and August 2013 showed inconsistent results. However, there was no management response concerning this issue. The medical necessity was not established. Therefore, the request for retrospective: urine drug screen 11/15/13 is not medically necessary.