

<b>Case Number:</b>	CM14-0100472		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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:

This injured worker's date of injury is 04/10/2005. The patient suffered a slip and fall originally. Documentation about the initial injury was not provided. This patient receives treatment for chronic low back pain with radiation to the lower extremities. The patient also has had left knee pain and neck pain. Medications taken include Prevacid, Gabapentin, Morphine, Fentanyl Patch, Lyrica, and Tizanidine. Previously the patient took tramadol, Vicodin, trazodone, and Nucynta. The patient has an epidural. The patient underwent an L4-L5, L5-S1 rhizotomy/neurotomy procedure on 01/31/2013. On exam the patient has tenderness in the posterior neck and paraspinals. Low back muscle spasms were evident. SLR exam was positive on left. A lumbar MRI showed some disc degeneration and facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43, 44, 66, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

**Decision rationale:** The patient had a urine drug screen on 01/16/2014. The only positive finding was for amphetamines. The patient had another urine drug screen on 05/16/2014; this report was negative for all substances. The treating physician requests urine drug screening every 3 months without explaining the rationale. The treating physician stated in the consult note, "the patient demonstrates no drug seeking behavior." Urine drug screening is recommended when there is evidence of misusing opioids. There is no documentation of this; therefore, Random Urine Drug Testing is not medically necessary.