

<b>Case Number:</b>	CM14-0109583		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/26/1989
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 an injured worker with lumbosacral conditions. Date of injury was 10-26-1989. Mechanism of injury was tripping. Primary treating physician's progress report dated 03-25-2014 documented subjective complaints of lumbosacral pain. Medications at that time included Percocet, Tylenol #4 with Codeine, Ambien, Lorazepam, Baclofen, and Soma. Objective findings included lumbosacral radiculopathy, tingling, numbness, sharp pain radiating down the left leg, facet joint syndrome and arthropathy. Diagnoses were lumbosacral disc herniations with radiculopathy, paraspinal myalgia myospasms, facet joint arthropathy syndrome, lumbosacral disc herniation with radiculopathy, intervertebral disc disorder with myelopathy, lumbago, and lumbar sprain strain. Treatment plan included epidural steroid injection. Urine drug screen for the date of service 03-05-2012 was requested. Utilization review determination date was 6/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen Date of Service 3/5/12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Web Edition, Page 43

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Opioids, pain treatment agreement Opioids, steps to.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. Urine drug screen for the date of service 03-05-2012 was requested. No medical records from the year 2012 were submitted for review. Because no medical records for the date of service were available, the retrospective request for a urine drug screen is not supported. Therefore, the request for Urine Drug Screen Date of Service 3/5/12 is not medically necessary.