

<b>Case Number:</b>	CM14-0018424		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with an 11/2/99 date of injury. At the time (1/6/14) of request for authorization for 1 urine drug screen, there is documentation of subjective (low back pain down the right leg with numbness, tingling, paresthesias, and weakness) and objective (tenderness to palpation over the lumbosacral region and 4/5 strength over the right lower extremity) findings, current diagnoses (lumbago, spinal stenosis, post-laminectomy syndrome, and lumbar radiculitis), and treatment to date (urine drug screen on 12/26/13 and medications (including opioids), physical therapy, chiropractic treatment, and TENS unit). There is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 URINE DRUG 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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ON-GOING MANAGEMENT., 78

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbago, spinal stenosis, post-laminectomy syndrome, and lumbar radiculitis. In addition, there is documentation of ongoing treatment with opioids and a previous urine drug screen on 12/26/13. However, there is no documentation of abuse, addiction, or poor pain control. In addition, there is no documentation of a rationale for a repeat urine drug screen following one completed ten days prior. Therefore, based on guidelines and a review of the evidence, the request for 1 urine drug screen is not medically necessary.