

<b>Case Number:</b>	CM14-0115361		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine and Rehabilitation 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 65 year old female who was injured on 06/03/2002. The mechanism of injury is unknown. Prior medication history included Norco, Lyrica, Zanaflex and Docusate as of 07/24/2014. Toxicology report dated 03/21/2014 detected prescribed medications including Norco, Lyrica, and Zanaflex and taking as prescribed. Progress report dated 07/24/2014 documented the patient to have complaints of hip pain. She reports her pain as 10/10 without medication and 3-6/10 with medication. There are no significant findings listed on exam. She is diagnosed with depressive disorder, opioid type dependency, lumbalgia, cervicgia, herniated nucleus and lumbar degenerative disk disease. The patient has been recommended for quarterly urine drug screen. Prior utilization review dated 07/01/2014 states the request for 1 Quarterly Urine Drug Screen is denied as the patient is at low risk for addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Quarterly Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINE DRUG TESTING (UDT)

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, this patient had prior urine drug screen done 3/21/14, consistent with prescribed medications. There is no documentation of non-compliance or any addiction / aberrant behavior. Thus, the request for another urine drug screen less than one year period is not medically necessary.