

<b>Case Number:</b>	CM14-0116430		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/27/1975
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male who reported an injury to his low back and right lower extremity. The utilization review dated 07/11/14 resulted in a denial for urine drug screen as no information was submitted confirming the injured worker being high risk for abuse. The injured worker underwent numerous urine drug screens which revealed inconsistent findings with the drug regimen. A clinical note dated 03/20/14 indicated the injured worker complaining of low back and right lower extremity pain. The injured worker underwent spinal cord stimulator and facet injections on the left in the cervical spine and thoracic spine. The injured worker rated the pain 6-7/10. The injured worker utilized Hydrocodone and Opana for pain relief. Notes the submitted clinical documentation also included numerous urine drug screens which revealed findings consistent with the drug regimen that had been prescribed for ongoing pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen Retrospective request of DOS 3/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 23.

**Decision rationale:** The request for urine retrospective urine drug screen from 03/20/14 is not indicated as not medically necessary. The injured worker complained of low back and right lower extremity pain. The injured worker underwent opioid therapy to address ongoing complaints of pain. However, the injured worker underwent numerous urine drug screens resulting in consistent findings with the prescribed drug regimen. No information was submitted regarding aberrant behaviors or the injured worker being at high risk for drug misuse. Given this, the additional urine drug screen is not medically necessary for this injured worker at this time.