

<b>Case Number:</b>	CM14-0124527		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation, 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:

The patient is a 47-year-old male with an injury date of 07/11/2012. According to the 02/17/2014 progress report, the patient complains of severe throbbing, burning low back pain radiating to his left leg. He also complains of sleep loss due to his pain and has a +3 tenderness to palpation of the lumbar paravertebral muscles. He also has muscle spasm at the lumbar paravertebral muscles and a positive straight leg raise. The 03/21/2014 progress report also indicates that the patient has psychological complaints due to pain. He underwent a lumbar spine surgery on 12/13/2013. The patient's diagnoses are thoracic musculoligamentous injury, lumbar muscle spasm, lumbar radiculopathy, status post-surgery, lumbar spine, anxiety and depression. The treater is requesting for a urine drug screen. The utilization review determination being challenged is dated 07/29/2014. The rationale is that "there were negative urinalysis reports from 06/24/2013 and 08/20/2013. A review of the documentation available indicates the patient was most recently approved for urinalysis on 01/22/2014." Treatment reports were provided from 07/09/2013 - 03/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on the 03/21/2014 progress report, the patient presents with thoracic spine pain and lumbar spine pain. The request is for a urine drug screen. The patient last had a urine drug screen on 02/17/2014 where there were inconsistencies with codeine and morphine detected. The patient is currently taking Zolpidem, Omeprazole, Cartivisc, Hydrocodone/APAP, Cyclobenzaprine HCl. The patient has already had 2 urine drug screens in the end of 2013 and one in the beginning of 2014. There are no concerns warranting a more frequent UDS to help manage this patient's opiate use. Request for urine drug screen is not medically necessary.