

<b>Case Number:</b>	CM14-0153881		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Emergency 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:

This is a patient with a reported date of injury on 8/9/2010. Mechanism of injury was described as driving a bus and being rear-ended by another vehicle. Patient has a diagnosis of cervical and lumbar strain/sprain, left hip strain, herniated nucleus pulposus at C5-6 and C6-7. Patient is post anterior lumbar discectomy and fusion (ALDF) at L4-S1 on 10/23/12. Patient also underwent foot surgery on 4/23/13. Medical reports were reviewed. Last report available until 8/25/14. Patient complains of neck and low back pain. Pain is constant and radiates to both hands and digits. Low back pain radiates to buttocks down to toes. Has complains of depression. Objective exam reveals lordotic posture, tenderness to paralumbar and mid thoracic spine. Global spinal pain. Range of motion of lumbar is decreased. Note from 1/29/14 and 5/5/14 mentions that patient is on opiates and a urine drug screen was requested by there is no documentation of what medications patient is on at that time. Note from 8/25/14 finally states that patient is on Naproxen, Soma, Prilosec, Flexeril, Norco and Methoderm. Prior Urine Drug Screen reports have noted that patient is on Alprazolam, Baclofen and Norco. Urine Drug Screen dated 5/5/14, 8/12/14 and 8/25/14 noted no detected medications. Lumbar Xray (7/9/14) revealed stable post-operative changes. Independent Medical Review is for Qualitative Drug Screen-Retro (8/12/14). Prior UR on 8/29/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 8/12/14): Qualitative Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain ( Updated 7/10/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient had several recent negative UDS noted on 1/29/14, 5/5/14, 8/12/14 and 8/25/14 that did not show any opioids. This leads to potential that patient is not taking Norco consistently and only as a as needed basis, metabolic cases or providing a false urine sample none of which will be discovered or assessed by repeating the same test without change. Multiple UDS in a patient that the provider has not justified as high risk is not appropriate. Retrospective Qualitative Drug Screen is not medically necessary.