

<b>Case Number:</b>	CM14-0159571		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 54-year-old female who sustained a work related injury on October 2, 2006 as result of setting up three, 6-8 foot metal tables, felt onset of lower back pain. Since then she had continuous complaint of lower back pain for which she has been taking pain medication consisting of Naprosyn, Tramadol and Neurontin. Past treatment includes a right L4-5 lateral discectomy on 5/14/2013. Her pain is 6-7/10 in the lower back that extends to the right lower extremity. Her discomfort is worsened upon performance of bending, lifting, and twisting, prolonged sitting, getting into / out of cars / chairs, straining to stool, walking, coughing or lying flat. On exam there is some decrease in lumbar spine range of motion secondary to pain with appreciable lumbar tenderness along the paraspinal musculature. In dispute is a decision for Urine Drug screen (DOS 8/15/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug screen (DOS 8/15/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 94.

**Decision rationale:** Because of the inherent possibility of addiction, misuse and abuse, urine drug screening is a tool for monitoring for appropriate use of the medication prescribed as well as monitoring for abuse of substances not prescribed. Frequent random urine toxicology screening is a means available to perform monitoring that is non-invasive and cost effective. Therefore the request is medically necessary.