

<b>Case Number:</b>	CM14-0159914		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	11/03/2014	<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 Occupational 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:

Patient is a 47-year-old male who has submitted a claim for postsurgical changes at L5, diffuse disc bulging, chronic pain syndrome, and lower extremity radiculitis associated with an industrial injury date of 3/28/11. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to the lower extremities. Physical examination showed antalgic gait. He was able to stand on his toes and heels without difficulty. Range of motion of the lumbar spine was restricted. Motor strength of bilateral extensor hallucis longus was rated 5-/5. Sensation was diminished over the left foot and lateral left calf. Straight leg raise test was negative. Tenderness was noted at the paralumbar muscles. Urine drug screen from 1/14/2014 showed positive levels for Hydrocodone, Hydromorphone, Oxymorphone and Cannabinoids. Repeat screening from 8/12/2014 showed inconsistent results with prescribed medications. Treatment to date has included spinal cord stimulator, lumbar surgery, physical therapy, and medications such as Norco, Soma, and Mobic. Utilization review from 9/24/2014 denied the request for urine drug screen because there was no discussion why testing for over 23 substances was needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (UDS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 - 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication regimen includes Norco, Soma, and Mobic. Urine drug screen from 1/14/2014 showed positive levels for hydrocodone, Hydromorphone, Oxymorphone and cannabinoids. Repeat screening from 8/12/2014 showed inconsistent results with prescribed medications. The medical necessity for repeat urine drug screen has been established due to high suspicion of drug misuse and abuse. Therefore, the request for urine drug screen is medically necessary.