

<b>Case Number:</b>	CM14-0166302		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 43-year-old male with an injury date of 10/02/2013. According to the 08/21/2014 progress report, the patient complains of having increased pain in his lower back and left buttock. He describes this pain as being a 3/10 and has a disk protrusion at L5-S1 with foraminal stenosis. The 07/29/2014 report also indicates that the patient has pain in his left buttock with posterior thigh and anterior thigh pain and some pins and needles in the left lateral leg. He tested as having a positive straight leg raise on the left. On 04/18/2014, the patient had a left L5 transforaminal epidural steroid injection and also a left S1 transforaminal epidural steroid injection. No listed diagnosis was provided. The utilization review determination being challenged is dated 09/22/2014. Treatment reports were provided from 02/05/2014 - 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective drug screen DOS 08/21/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 08/21/2014 progress report, the patient complains of having lower back pain and pain in the left buttock. The request is for a retrospective drug screen, date of service 08/21/2014. Review of the reports does not provide any indication if the patient previously had a urine drug screen. The 08/21/2014 report indicates that the patient is taking 4 Norcos per day to control his pain. The 07/29/2014 report also indicates that the patient is taking atenolol, ativan, and trazodone. While MTUS Guidelines do not specifically address how frequently Urine Drug Screen (UDS) should be obtained from various risk opiate users, ODG Guidelines provides a clear guideline for low-risk opiate users. It recommends once yearly urine drug screen following initial screening within the first 6 months for management of chronic opiate use. In this case, the patient is on Norco, an opiate and UDS's are needed for opiates management. The reports do not show that the patient has had excessive UDS's. The request for retrospective Drug Screen is medically necessary.