

<b>Case Number:</b>	CM14-0021813		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 and Rehabilitation and Pain Management, 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:

Per treating physician's report 11/12/2013, the patient presents with a list of diagnoses that include: 1. Musculoligamentous sprain of the lumbar spine, radiculitis. 2. Disk herniation. 3. Sprain of the right wrist. 4. Musculoligamentous strain of the cervical spine with upper extremity radiculitis. 5. Disk bulges at multiple levels along with disk osteophyte complex. Treatment recommendation was for ibuprofen 800 mg #100, omeprazole 20 mg #60, and Ultram 50 mg #200. The patient was to continue exercise and continue zolpidem 10 mg. Patient was to return to full duty with no limitations. The 06/06/2013 report is also reviewed and the patient is taking tramadol and Motrin, no new injuries, attending therapy, currently not working. Continue ibuprofen, naproxen, hydrocodone, Flexeril, and tramadol. The request for urine drug screen was denied per utilization review letter 01/30/2014 with the rationale "the patient did not qualify for the requested test under the criteria outlined by the evidence-based guidelines." Unfortunately, this letter does not explain how the request does not meet the evidence-based guidelines. This report indicates the patient's last urine drug screen was from 09/29/2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) URINALYSIS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse Page(s): 94-95.

**Decision rationale:** This patient presents with chronic neck and low back pain for which the patient is prescribed tramadol #200 and Motrin. The patient was on some hydrocodone in the past, but recently just relies on Motrin and tramadol. The patient has been returned to work as of 11/12/2013 report. Based on the review of the file provided, there was no evidence that the patient had prior urine drug screen. Review of the utilization review letter references urine drug screen from 2011. The current request for urine drug screen appears reasonable and consistent with MTUS Guidelines. MTUS Guidelines support urine drug screen for chronic opiates management. ODG Guidelines talks about performing urine drug screens once a year for patients that are at low risk. The request is not medically necessary and appropriate.