

<b>Case Number:</b>	CM14-0024974		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is presented with a date of injury of 8/28/98. He was seen by his physician in his chronic pain clinic on 1/15/14 for bilateral sacroiliitis. His vital signs were stable and he had 5/10 low back pain. He had undergone bipolar radiofrequency ablation of his left SI joint in 11/13. His medications included Norco, Gabapentin, Omeprazole and Cyclobenzaprine. He had a urine drug screen on 12/19/13 which was consistent with his medications. The plan was for quarterly urine drug screens per the notes and the repeat urine drug screen is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **URINE DRUG SCREEN (UDS) FOR DOS 1/28/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 43, 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 1998. He has had numerous treatment modalities including ablation of his left SI joint and medications including opioids, Gabapentin and muscle relaxants. Per the Chronic Pain Medical Treatment Guidelines,

urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening (one month earlier) had confirmed the use of prescribed medications. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. Therefore, the retrospective request for a urine drug screen, DOS 1/28/14 is not medically necessary and appropriate.