

<b>Case Number:</b>	CM14-0032328		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/17/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Family 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of November 17, 2004. The treatment to date has included opioid and non-opioid pain medications. The utilization review from February 19, 2014 denied the request for 1 urine drug screen. Medical records from 2013 through 2014 were reviewed showing that the patient suffers from low back pain with lumbar degenerative disk disease, lumbar radiculopathy, and chronic pain syndrome. The patient takes a variety of pain medications such as Percocet and Cymbalta. The patient has been on opioid medications since the majority of 2013 according to the medical records. Physical exam demonstrated decreased motor strength in the left lower extremity with normal sensory exam. Back exam showed tenderness and pain with range of motion. The patient was administered a urine drug screen in December 2013 which was consistent with prescribed medication. The documentation did not identify that the patient would be at high risk for aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 URINE DRUG SCREEN BETWEEN 2/3/14 AND 2/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS chronic pain medical treatment guidelines, drug screening is indicated for patients with issues of abuse or poor pain control and is also part of the four domains of opioid management. In this case, the patient had been given a urine drug screen in December 2013 but was consistent with the prescribed medications. There was no discussion concerning a high-risk profile for the patient with regards to aberrant behavior. Absent such risk factors, up to 2 random UDS per year are considered appropriate. Therefore, the request for 1 urine drug screen is not medically necessary.