

<b>Case Number:</b>	CM14-0036486		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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:

This patient is a 26 year old male who has developed chronic cervical, thoracic and lumbar pain secondary to an injury dated 2/25/13. The lumbar pain is associated with some radiation and possible radiculopathic signs. MRI studies show degenerative disc disease. A request for a urine drug test was requested. There was no oral opioid use documented and no drug seeking behaviors were reported. There is no documentation that opioids were going to be initiated. No other for cause signs and symptoms of possible drug misuse are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary (Updated 01/07/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screens.

**Decision rationale:** The California MTUS Guidelines support rational use of urine drug screens if a patient is started on long term opioids or is being maintained on high dose opioids. However,

this request does not meet the guideline criteria. There is no documentation of opioid use, drug seeking behaviors, or for other cause behaviors that would justify urine drug screening. There is no documentation that the treating physician has a policy shared and signed by patients that allows for drug testing on all of his patients regardless of opioid use or not. The urine drug screen is not medically necessary.