

<b>Case Number:</b>	CM14-0046486		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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, has and is licensed to practice in Ohio. 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 has a history of chronic neck and back pain and migraine headaches. She previously underwent neck fusion surgery in 2001 and 2007 and lumbar fusion surgery in 2007. She had a urine drug screen on March 6, 2014, which was a standard drug screen panel that revealed no evidence of aberrant drug taking behavior. Her exam note from that day reveals no new concerns or physical exam findings. There is a request to certify as medically necessary an additional urine drug screen on March 26 of 2014. The previous utilization review decision considered the injured worker to be in the low risk category and therefore requiring very infrequent urine drug screening. It is noted from an encounter note from August 23, 2014 that Subutex is listed as one of the patient's medications. It is unclear if the previous utilization review decision considered Subutex in terms of the injured worker's risk profile.

### 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.

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

**Decision rationale:** This injured worker has Subutex listed as a medication, which therefore implies a previous history of opioid addiction. Per the ODG Guidelines, this places the injured worker in what is considered the "high risk" category in terms of urine drug testing. Per the guidelines, patients in the high risk category may be suitable for urine drug testing as frequently as once a month. However, having had an unremarkable urine drug screen 23 days prior, there seems to be no logic for a repeat urine drug test a mere 23 days later. The urine drug screen on March 26, 2014 was therefore not medically necessary.