

<b>Case Number:</b>	CM14-0053155		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

Patient is a 53-year-old male with 10/04/10 date of injury. He has not responded to therapy sessions and epidural injections. He reports low back pain of 10/10 which occasionally radiates to upper back neck area, lower extremities. Patient complains of numbness tingling and weakness. The pain worsens depending on level of activity. Physical examination reveals decreased range of motion of the lumbar spine with spasm and tenderness. Diagnoses are history of prior lumbar fusion, lumbar pain, and lumbar radiculopathy. Current medications include Medrox patches, Percocet and Zanaflex. AME (agreed medical evaluator) dated 12/02/13 states that patient is status post lumbar fusion L5-S1, removal of hardware, currently with posterior fusion at L5-S1, cervical sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology Screen:** Overturned

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. This patient is on an ongoing opioid treatment. Occasional urine drug screens serve as one of several criteria to justify ongoing prescriptions for oxycodone. The documentation describes that the doctor feels unsure that an additional increase in the dosage would not be of much benefit however even with Percocet 4 times a day, pain levels are high. Hence, the request for urine drug screen to assess compliance with Percocet is medically necessary. Recommendation: Certify.