

<b>Case Number:</b>	CM14-0062083		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 is 47 year old female claimant who reported a low back injury on 6/14/2006. The claimant has subsequently undergone anterior/posterior lumbar fusion which resulted in chronic low back pain. The claimant has been diagnosed with post-laminectomy/Failed Back Surgery Syndrome and is managed with Norco and Nucynta, both narcotics. The request is for random urine drug screen to document compliance and test for illicit/no prescribed drug use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS (Urine Drug Screen) testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The claimant has Failed Back Surgery Syndrome and is managed with opioid chronically. The request for UDS is reasonable and necessary according to the California MTUS. UDSs will be instituted on random basis to document compliance with the medications prescribed and to detect if illicit or non-prescribed medications are being used. This is necessary

in order to ensure compliance with the medication regimen. Therefore, this request is medically necessary.