

<b>Case Number:</b>	CM14-0063401		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/22/2000
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Practice 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 injured worker is a 52-year-old female who reported an injury on 05/22/2000 after lifting a heavy box. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications and a low back brace. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 03/28/2014. It was documented that the injured worker had significant low back pain radiating into the left lower extremity. The injured worker's medications included metoprolol, Prilosec, Anaprox, and Ultram. No physical examination findings were provided at the exam. The injured worker's diagnoses included lumbar radiculopathy and degenerative disc disease of the lumbar spine. The injured worker's treatment plan included a lumbar support replacement, continuation of medications, and a urine drug screen. A Request for Authorization for a urinalysis was submitted on 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen quantity one:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screen.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends urine drug screens for patients who are at risk for aberrant behavior and are taking opioids for chronic pain. The clinical documentation submitted for review does indicate that the injured worker is taking opioids to assist with chronic pain management. However, the clinical documentation submitted for review indicates that the injured worker was submitted to a urine drug screen on 10/17/2013. The clinical documentation fails to provide any evidence of aberrant behavior since that urine drug screen to support an additional urine drug screen. Official Disability Guidelines recommend testing on a yearly basis for injured workers who are at low risk for aberrant behavior. As such, the requested Urine Drug Screen quantity 1 is not medically necessary or appropriate.