

<b>Case Number:</b>	CM14-0064723		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on 08/04/2000; the mechanism of injury was not indicated. The diagnoses included lumbar spondyloarthritis/facet joint disease, post laminectomy syndrome, encounter for long-term use of other medications, lumbosacral radiculitis, chronic pain syndrome, muscle spasms, insomnia and impotence of organic origin. The previous treatments included physical therapy, home exercise program and Jacuzzi. The diagnostic studies included an MRI of the lumbar spine without contrast which was performed on 04/22/2014. The request submitted is for retrospective urine drug screen. However, a rationale was not provided in the medical record documentation. The request for authorization was not provided in the medical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine Drug Screen Qty: 1;:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend a drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opiates, urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. There is a lack of documentation indicating when a urine drug screen was last performed prior to the requested urine drug screen. The request does not indicate the date of the urine drug screen being requested. There was no clinical information submitted from the requesting provider to indicate the rationale for the request or the previous courses of treatment. As such, the urine drug screen would not be medically necessary.