

<b>Case Number:</b>	CM14-0085547		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/26/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Internal 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:

This is a 61/m with a history of injury in March 2000. The patient injured his low back, upper extremities, and neck. The patient has been diagnosed with lumbar disc degeneration, cervical disc degeneration, and carpal tunnel syndrome. The patient continues to report radiating neck pain to the shoulders and low back pain. His pain is controlled with rest, ice, massage, and medications. The patients current medication regimen of norco, oxycontin, and venlafaxine have controlled his symptoms well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Random Quarterly Urine Toxicology Screening X 3, Over a Year:** Upheld

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

**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, Urine Drug Testing (UDT)

**Decision rationale:** The guidelines recommend urine drug screening within 6 months of starting opioid therapy and on a yearly basis thereafter for patients at low risk for substance abuse. For patients at risk for abuse the guidelines recommend more frequent testing. The clinical

documents did not clearly identify the patient as a higher risk for substance abuse. The documents did not sufficiently discuss why urine drug screening at higher than recommended frequencies are justified. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.