

<b>Case Number:</b>	CM14-0088748		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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:

The patient is a 31 year old female who was injured on 11/17/2010 while transferring a patient from the bed to a wheelchair. She reported her legs gave out. Prior medication history included Relafen, Norco, Fexmid, and Senokot. A urine drug screen dated 05/13/2014 revealed positive results for opiates. A progress report dated 07/08/2014 documented the patient to have complaints of pain of the low back and hip that radiates to the feet. She stated that her medications help and rated the pain with medications a 6/10. On exam, the lumbar spine revealed tenderness to palpation at the facet joint, decreased flexion, decreased extension and decreased lateral bending. She complained of weakness, stiffness, sciatica, myalgias and arthralgias. Diagnoses are low back pain, lumbago. The patient was recommended a urine drug screen and 8 sessions of chiropractic therapy. According to the UR, Progress report dated 08/29/2013 states the patient presented with cervical spine pain and continued low back pain. She rated her pain as 6/10 with medications. Her exam revealed tenderness of the lumbar paraspinals ad painful thoracic/lumbar muscles palpation; tender left paralumbar and tender right paralumbar. A urine collection was performed on this day and was positive for Opiates. Prior utilization review dated 0914/2013 states the request for Retrospective (Dos 8/29/13) Urine Drug Screen Qty: 1.00 is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 8/29/13) Urine Drug Screen QTY: 1.00: Upheld**

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend urine drug screening on a yearly basis for patients on chronic opioid therapy that are at low risk for abuse. Patients at higher risk may require more frequent monitoring. The clinical notes did not identify the patient as a higher risk for substance abuse. The patient had a positive urine drug screen in 05/2014 which is consistent with opioid use. It is not clear why a repeat test in 08/2014 was necessary. The documents did not clarify the indication for repeat urine drug screen less than 1 year from the previous test. Based on the Guidelines criteria as well as the clinical documentation stated above, the request is not medically necessary.