

<b>Case Number:</b>	CM14-0090449		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/07/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida . 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 54-year-old female who reported an injury on 10/07/2006 reportedly while at work in the parking lot. When a truck was exiting, she got pinned in between his truck and the SUV. The injured worker sustained injuries to her right lower back, hip and right leg. The injured worker had a urine drug test on 02/28/2014 and 04/29/2014 that was negative for Hydrocodone; however, positive for Tramadol. The injured worker was evaluated on 04/23/2014 and it was documented that the injured worker was positive for Methamphetamine and Cocaine on 02/28/2014. The injured worker's medication included Norco 10/325 mg, and Soma 35 mg. Her last prescription was written on 03/21/2014; however, the injured worker was out of medications. Within the documentation, the provider noted he did not feel comfortable refilling Norco and Soma without a drug screen. Objective findings include blood pressure was 136/90, the injured worker ambulates with a cane, and she was obese. Diagnoses included myofascial pain, intervertebral disc disease, and lumbar radiculitis. The Request for Authorization dated 04/11/2014 was for a random urine drug screen; the rationale was for opiate compliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Random Urine Drug Screen (DOS 4/29/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. On 02/28/2014 and 04/11/2014, the injured worker underwent a urine drug screen that detected Cocaine and Methamphetamine; however, there was no evidence why the provider requested another urine drug screen. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the retrospective request for the random drug screen (DOS 04/29/2014) is not medically necessary.