

<b>Case Number:</b>	CM14-0098971		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/24/1978
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Emergency 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:

Patient with reported date of injury on 8/24/1978. Mechanism of injury is described as a fall from a forklift and then forklift falling on top occurring over 36years prior. Patient has a diagnosis of low back pain and lumbar radiculopathy. Medical records reviewed. Last report available until 6/11/14. Some of the reports are hand written with poor legibility due to hand writing. Patient has chronic low back pain and L lower extremity pains. Pain is unchanged and constant. Patient reportedly has had epidural steroid injection in the distant past but no surgery. Pain is reportedly 9-10/10 and medication improves pain. Objective exam reveals tenderness at L4-5 and L5-S1 with no swelling or spasms noted. No tenderness noted to bilateral sciatic notches or sacroiliac joints. Range of motion of spine is significantly decreased in all directions. Straight leg positive on L side to 30degrees. Strength in bilateral lower extremities is diffusely weak at 4/5. Sensation is also diffusely decreased. Patient walks with a cane. There was no noted imaging or electrodiagnostic reports available for review. Current medications include Metaxolone, Gabapentin, Benazepril, Pravastatin, Tamsulosin and aspirin. Also was on Norco and Neurontin in the past. There is no documentation found with justification for the requested urine drug screening. Independent Medical Review is for Random Urine Drug Screen. Prior UR on 6/13/14 recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screen (other than chromatographic): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. The documentation does not even clearly state if the patient is chronically on opioids. It merely states that Norco was written for patient for pain control. There is no documentation of abuse and no prior drug screening results were provided. There is no documentation of the provider reviewing or even requesting prior records from prior medical provider. Urine Drug Screen is not medically necessary.