

<b>Case Number:</b>	CM14-0133609		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 47 year old male, who sustained an industrial injury on June 6, 2013. He has reported back pain with radiating pain to multiple body parts associated with irritability, relationship strain and sleep irregularity. The diagnoses have included myofascial pain, myositis, cervicobrachial syndrome, sprains and strains of the thoracic region, lumbosacral strain and sprains and strains of sacroiliac region. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, conservative therapies, work restrictions and orthotics. Currently, the IW complains of low back pain radiating to multiple locations. The injured worker reported an industrial injury in 2013, resulting in chronic back pain. He was treated conservatively without resolution of pain however benefit was noted with the use of pain medications and rest. On December 8, 2014, evaluation revealed continued pain, in the back. A back orthotic brace was ordered. He was instructed to wear the brace no more than 8 hours/day for two consecutive days to prevent a decrease in muscle strength. On August 8, 2014, Utilization Review non-certified a request for Retrospective urine drug screen, QTY: 1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On August 18, 2014, the injured worker submitted an application for IMR for review of requested Retrospective urine drug screen, QTY: 1.

### 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, for the service date of 07/07/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) 5th Edition, 2007 or current year, Pain (Chronic) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, urine drug testing

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient has had urine drug testing in May, 2014, June 2013, and September, 2014. There is no documentation in the medical record that the patient is exhibiting addiction/aberrant behavior. Urine drug testing is indicated annually. The request should not be authorized.