

<b>Case Number:</b>	CM14-0203614		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Physical Medicine Rehab 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 61 year-old patient sustained an injury on 10/15/09 while employed by [REDACTED]. Request(s) under consideration include 1 Urine Drug Screen at next visit. Diagnoses include left ankle fracture; s/p right thumb fracture; and lumbar spine spondylolisthesis and HNP/ lumbar radiculopathy/ facet arthropathy. The patient has been deemed P&S prior. There is history of diabetes and high cholesterol. Medications list Norco, Celebrex, Methocarbamol, Lipitor, and Metformin. Conservative care has included medications, therapy, and modified activities/rest. The patient had recent UDS dated 7/15/14 noted to be consistent. Report noted chronic symptoms with unchanged clinical findings. The request(s) for 1 Urine Drug Screen at next visit was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine Drug Screen at next visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

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

**Decision rationale:** The request for 1 urine drug screen at next visit was non-certified on 11/11/14. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2009 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The requested 1 urine drug screen at next visit is not medically necessary and appropriate.