

<b>Case Number:</b>	CM14-0208105		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice 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 injured worker's date of injury is 10/01/2012. This patient receives treatment for chronic low back pain and knee pain from work-related accumulated trauma. The patient reports sharp and throbbing low back pain that radiates to the hips and becomes burning and tingling. Straight leg raising test is positive on the left side. Reflex exam is normal. Medications prescribed include diclofenac. The documentation for this case is limited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography qualitative, Urinalysis (UA), Opiates 4 and creatinine urine drug screen:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

**Decision rationale:** A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). The documentation

does not indicate that any opioids are prescribed for the patient, nor is there any documentation that the patient is suspected of drug related aberrant behavior or any other factors related to addiction. A urine drug screen is not medically indicated.