

<b>Case Number:</b>	CM14-0209355		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 New Jersey. 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 40 year-old male who injured his back on 2/7/12 when pulling heavy pallets and his legs separated causing him to do a split, making him fall onto a concrete floor on his tailbone. He complained of lower back pain radiating to bilateral buttocks and legs and abnormal sensations in the L4-5-S1 distribution. On exam, he had tender lumbar paraspinal muscles, decreased range of motion, positive straight leg raise on the left. A 5/2014 MRI noted a 3mm annular bulge with biforaminal and mild central canal stenosis and disc dessication. He was diagnosed with lumbar spine radiculitis, herniated lumbar disc, and lumbosacral spondylosis, strain, and neuritis. He had epidural steroid injection. He was treated with anti-inflammatories and muscle relaxants without relief of pain. He was currently treated with Norco, Zanaflex, Naprosyn, and TENS unit. As per the patient, physical therapy made his back pain worse. The current request is for outpatient urine toxicology baseline and every 90 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine toxicology baseline and urine drug screening every ninety (90) days and or every three (3) months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids. Page(s): 43, 78.

**Decision rationale:** The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Even if the physician has no concerns with possible use of illicit drugs or non-compliance, monitoring with UDS is reasonable. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.