

<b>Case Number:</b>	CM14-0209422		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/23/2005
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<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 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 11/23/2005. This patient receives treatment for chronic neck and low back pain. Documentation about the initial injury was not provided. A lumbar MRI dated 08/21/2014 showed hypertrophy of the facet joints and lumbar disc protrusion at L5-S1. The medical diagnoses include cervical and lumbar disc disease at multiple levels. The patient is opioid dependent and receives Dilaudid 4 mg and Valium 10 mg tablets. The patient was involved in a motor vehicle in September 2013 which reportedly caused an exacerbation of her neck and back symptoms. The patient received physical therapy. On physical exam the patient exhibits some reduced ROM of the neck and low back (flexion to 44 degrees and extension 25 degrees).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, Quantitative 42 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** This patient has low back pain. 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). There is no documentation of these warning signs for abuse. The urine drug screen is not medically indicated.