

<b>Case Number:</b>	CM14-0091651		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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:

According to the medical records the patient is a 42-year-old male smoker who sustained an industrial injury on August 9, 2013. On the date of the injury, the patient was lifting a 5 gallon container of wet cement and sustained an injury to his lumbar spine. The patient is diagnosed with thoracic sprain strain, lumbosacral sprain strain, moderate diffuse disc bulge at L3 L4 with disc abutting the L4 nerve roots, mild to moderate disc bulge at L4-L5 with mild to moderate narrowing of the left lateral recess abutting the L5 nerve root without clear compression, mild to moderate diffuse disc bulge at L5-S1, and probable facet syndrome. The medical records indicate that urine drug screens in October 2013, December 2013, at January 22, 2014 detected marijuana. Utilization review was performed on June 3, 2014 at which time a May 2, 2014 report was reviewed. Examination narrative had noted that the patient drinks alcohol beverages occasionally and smokes half a pack of cigarettes per day. It was noted that the patient has been taking cyclobenzaprine and hydrocodone/APAP since at least August 2013. The prior peer reviewer noted that the medical records do not establish that there is a concern regarding the use or the presence of illegal drugs. It was also noted that there are no indicators of possible misuse of controlled substances and/or addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test, Opioids Criteria for use Page(s): 43, 75-78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. References state that urine drug testing may be recommended as an option to assess for the use or the presence of illegal drugs. In this case, prior urine drug screens have detected marijuana. The medical records also indicate that the patient is a smoker which would indicate a predilection to addiction. The patient meets the guidelines criteria for urine drug screening, and as such the request for urine drug screen is medically necessary.