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| <b>Case Number:</b>   | CM15-0003484 |                              |            |
| <b>Date Assigned:</b> | 01/14/2015   | <b>Date of Injury:</b>       | 05/21/2010 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/07/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial injury on May 21, 2010. The injured worker reported low back pain. The diagnoses have included lumbar discogenic pain and status post microdiscectomy. Treatment to date has included pain management, an MRI of the lumbar spine on August 22, 2012 and a microdiscectomy on May 28, 2012. Current documentation dated December 1, 2014 notes that the injured worker reported low back pain. His pain level was rated at a six out of ten on the Visual Analogue Scale with medications. Objective findings noted that there was no significant change. The injured worker uses a cane for assistance for ambulation. On December 17, 2014 Utilization Review non-certified the request for a Urine Drug Screening. The MTUS Guidelines and Official Disability Guidelines were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of the request for a Urine Drug Screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen, provided on December 2, 2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
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**Decision rationale:** The request is for a urine specimen toxicology screen. These are commonly used for urine drug screens. The California MTUS does recommend urine drug screens for patients on opioid therapy: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Ultracet. Periodic and random drug screening is recommended in patients who are on opioid therapy per the California MTUS. Therefore criteria for a urine drug screen have been met and the request is certified.