

<b>Case Number:</b>	CM15-0004963		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/02/2002
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Arizona, California  
 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:

This 63 year old male sustained an industrial injury on 10/02/2002. He was diagnosed with paraplegia. He has undergone spine surgeries which were not successful. He subsequently relies on a wheelchair for ambulation and suffers from neurogenic bladder. The injured worker was prescribed narcotic pain medications which require drug testing for compliance. A prior urine drug screen in August 2014 was positive for alcohol and in September the Hydrocodone was not detected despite the claimant being on Norco. The UR decision dated 12/09/14 non-certified Retro (DOS): 10/22/14 AND (DOS) 11/04/14 for Urine Drug Screen. The Retro (DOS): 10/22/14 AND (DOS) 11/04/14 for Urine Drug Screen at this frequency was denied based on citations from CA MTUS Drug Testing and ODG Pain Chapter (11/21/14 update).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE Urine drug screens (Dates of service: 10/22/14 and 11/4/14):**  
 Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. If a patient has evidence of a high risk of addiction (including evidence of a co-morbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing. In this case there was a history of medication and testing inconsistencies in the past few months along with substance use (alcohol) with medications. Continued compliance monitoring and examination is necessary. The urine testing requested is medically necessary.