

<b>Case Number:</b>	CM15-0007214		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 29 year old male, who sustained an industrial injury on 7/14/11. He has reported low back pain. The diagnoses have included status post lumbar decompression (3/2013), neurologic deficit left L4-5 and reactive depression. Treatment to date has included lumbar decompression, TENS unit, physical therapy and medications. Currently, the IW complains of low back pain with radiation to left lower extremity. Physical exam noted tenderness of lumbar spine, spasm of lumbo paraspinal musculature and limited range of motion. On 12/31/14 Utilization Review non-certified a comprehensive urine drug screen, noting the medically necessity has not been established, there is no evidence of provider concerns of illicit drug use or non-compliance with prescription medications. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/8/15, the injured worker submitted an application for IMR for review of comprehensive urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective comprehensive urine drug screen for dos: 10/21/2014:** 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 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the use of urine drug screen is appropriate to assure compliance with prescribed medications.