

<b>Case Number:</b>	CM15-0013796		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/04/1994
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67-year-old male, who sustained an industrial injury on August 4, 1994. The injured worker has reported a low back injury. The diagnoses have included sacroilitis, lumbosacral neuritis, myofascial pain; lumbago and status post a lumbar fusion. Treatment to date has included pain medications, surgery and a home exercise program. Current documentation dated December 19, 2014 notes that the injured worker complained of persistent low back pain and increased pain with sitting and walking. Physical examination of the lumbar spine revealed tenderness and spasms of the paraspinal muscles. Stiffness of the spine was noted with motion. Dysesthesia to light touch of the right lumbar five-sacral one dermatome was also noted. The treating physician prescribed a refill of Methadone and recommended a Urine Drug Screening. On January 8, 2015 Utilization Review non-certified a request for a Urine Drug Screen times nine units. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen x 9 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guideline (ODG); Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43,77,78.

**Decision rationale:** This injured worker has a history of chronic pain since 1994. Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction. The medical necessity of a urine drug screen is not substantiated in the records. The request is not medically necessary.