

<b>Case Number:</b>	CM15-0135230		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina, Georgia  
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(n) 70 year old female, who sustained an industrial injury on 3/1/06. She reported pain in her lower back. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar stenosis and post lumbar laminectomy pain syndrome. Treatment to date has included physical therapy, Lexapro, Soma, OxyContin, Cymbalta, Xanax, Protonix and Ferocon. As of the PR2 dated 5/19/15, the injured worker reports pain in her lower back. She rates her pain a 10/10 without medications and a 7/10 with medications. The urine drug screen results are consistent with the prescribed medications. The treating physician requested a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 5/19/2015) for urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. There is no medical indication for urine drug screen and the original UR denial is upheld. The request is not medically necessary.