

<b>Case Number:</b>	CM15-0181560		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 9-24-2012. The injured worker was being treated for lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and status post left knee arthropathy with residual. Treatment to date has included diagnostics, left knee surgery, and medications. Currently (7-31- 2015), the injured worker complains of lumbar spine pain, rated 8 out of 10 and "unchanged since last visit". He stated that he needed refill of medications and he "did not receive medications or creams". Urine toxicology was performed on 2-27-2015, 5-29-2015, and 7-31- 2015 (positive for Hydrocodone and Hydromorphone), with final reports submitted. The urine drug study on 5/29/15 was also positive for Morphine which is not prescribed. He was provided refill of Norco and Protonix. Random urinary drug screening was performed, noting that SOAPP-R score was higher than 19, putting him at high risk for narcotic abuse, misuse, and dependency. The request for authorization (8-27-2015) included a request for urine toxicology screening, again noting that his opioid risk assessment SOAPP-R score was higher than 19. On 9-02-2015, Utilization Review non-certified the requested urine toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the injured worker has undergone a prior urine drug screen at which time morphine was detected but not prescribed. The medical records do not establish that this was discussed with the patient. While random urine drug screens may be supported for those with issues of diversion, in the absence of addressing inconsistent past studies, the request for repeat urine drug screen is not supported. The request for Urine drug test is not medically necessary and appropriate.