

<b>Case Number:</b>	CM15-0182115		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 Jersey, New York  
 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 60 year old male, who sustained an industrial injury on 4-29-09. Medical record indicated the injured worker is undergoing treatment for lumbar sprain-strain, lumbar radiculopathy and post-laminectomy pain syndrome. Treatment to date has included oral medications including Cymbalta, Mobic and Percocet. Currently on 8-31-15, the injured worker complains of constant, sharp and shooting low back pain radiating to bilateral legs. He rates the pain 9 out of 10 without medications and 3 out of 10 with medications; he notes 50% pain relief with current medications. Documentation did not include previous urine drug screen. Physical exam performed on 8-31-15 revealed LSO brace in place, palpable spasms of bilateral lumbar paraspinous muscles and slow ambulation. On 9-3-15 a request for authorization was submitted for Percocet 10-325mg #120, Mobic 15mg #30, Cymbalta 30mg #30, urine drug screen and follow up visit. On 9-3-15 utilization review modified a request for a urine drug screen to a qualitative urine drug screen noting drug testing is recommended as an option for the use or presence of illegal drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for a urine drug screen is considered medically necessary. The patient admits to having a history of illicit drugs. Her medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. None have been included in the chart. The UR states there were no provider concerns for illicit drug use or non-compliance. However, because of the abuse potential of opiates, it is reasonable to monitor with urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.