

<b>Case Number:</b>	CM15-0185771		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/06/1991
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 72-year-old female sustained an industrial injury on 3-6-91. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. In a PR-2 dated 8-3-15, the injured worker complained of ongoing low back pain with radiation to her gluts and down the leg, rated 3 out of 10 on the visual analog scale at the time of exam. The injured worker stated that yesterday was a "bad day" with back pain at 10 out of 10. The physician stated that the injured worker typically had flare-ups of back pain about once a month. The injured worker stated that Norco helped improve her function and allowed her to continue to walk and perform activities of daily living. The physician stated that the injured worker had been on narcotics as needed for many years with no evidence of "escalation". Physical exam was remarkable for tenderness to palpation to the lumbosacral spine with "decreased" active extension of the lumbosacral spine and pain on lumbar extension in standing maneuver. The physician noted that the injured worker was due for a drug screen as part of their controlled substance policy. Documentation did not disclose the results of previous urine drug screens. The treatment plan included a urine drug screen and continuing medications (Fosamax and Norco). On 9-16-15, Utilization Review noncertified a request for one urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) drug screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not reveal any previous drug screens performed prior to the current request although urine drug screens were requested but not completed in the past. Without this information, there is no way to determine the necessity of the requested urine drug screen. The request for a 6-panel urine drug test is not medically necessary and appropriate.