

<b>Case Number:</b>	CM15-0199831		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: 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 is a 43 year old male who sustained an industrial injury on 7-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP) right L5-S1 and post-laminectomy instability. According to the progress report dated 9-16-2015, the injured worker complained of back pain and right lower extremity pain rated 8-9 out of 10 without medications and 6-7 out of 10 with medications. Per the treating physician (9-16-2015), the injured worker was temporarily totally disabled. The physical exam (9-16-2015) revealed mild, diffuse tenderness in the cervical musculature and slight decreased range of motion. There was mild diffuse tenderness and decreased, guarded range of motion in the low back. Treatment has included surgery, physical therapy, epidural injection and medications. Current medications (9-16-2015) included Naproxen, Pantoprazole, Tramadol and Percocet. A drug screen dated 3-16-2015 documented inconsistent results. The original Utilization Review (UR) (9-21-2015) denied a request for a full panel drug screen. Last urine drug screen is dated 6/10/15. There is nothing documented by provider in progress notes concerning UDS done on 9/16/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; Full panel drug screen per 9/16/15 qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, urine drug screen is an option in monitoring patients for compliance and signs of aberrant behavior. Patient is noted to be on opioids. Patient had recent UDS done on 6/10/15 that was appropriate. Provider has not documented if patient is at high or low risk for abuse. It is unclear why another UDS was needed 3 months after prior one. Patients at low risk do not require such frequent testing and since provider has failed to document if patient is at high risk, requested UDS is not medically necessary.