

<b>Case Number:</b>	CM15-0023316		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33-year-old male, who sustained an industrial injury on 1/12/13. He has reported pain in the neck, back and right knee related to a crushing injury. The diagnoses have included lumbago, lumbar disc protrusion at L5-S1 and cervical sprain. Treatment to date has included MRI of the lumbar spine, physical therapy, right knee surgery and oral medications. As of the PR2 dated 10/20/14, the injured worker reports increased pain in the low back that radiates to the left leg. He had a lumbar epidural injection on 9/11/14. The treating physician requested a urine drug screen completed on 10/20/14. Previous urine drug screens from 7/14/14 and 9/11/14 were negative. On 1/21/15 Utilization Review non-certified a request for a urine drug screen completed on 10/20/14. The utilization review physician cited the MTUS guidelines. On 2/3/15, the injured worker submitted an application for IMR for review of a urine drug screen completed on 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS: 10/20/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** MTUS recommends drug testing as an option. In this case, the patient underwent drug testing on 7/14/14 and 9/23/14, both of which did not detect prescribed Hydrocodone. Physician notes do not clearly discuss these inconsistent drug screens and therefore it appears an initial physician reviewer may not have been provided with these prior testing results. Given past urine drug screening demonstrating concern for aberrant behavior, the currently requested urine drug screen of 10/20/14 is supported by MTUS. This request is medically necessary.