

<b>Case Number:</b>	CM15-0030155		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old man sustained an industrial injury on 1/24/2011. The mechanism of injury was not detailed. Current diagnoses include low back pain with radicular symptoms to the lower extremities, facet arthropathy on the right at L4-L5, and L5-S1, and no significant relief with pain management treatments. Treatment has included oral medications. Physician notes dated 12/16/2014 show continued complaints of low back pain with radiation to the legs. Recommendations include surgical spine consultation; continue Norco, and urine drug screen. On 1/20/2015, Utilization Review evaluated a prescription for urine drug screen that was submitted on 2/18/2015. The UR physician noted that the worker is being maintained with a moderate dose of medication that is approved and well within MTUS maximum. The worker is noted to be "low risk". A basic drug screen is approved. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen (UDS) (99000): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for use of urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.