

<b>Case Number:</b>	CM15-0037619		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 47-year-old male with an industrial injury dated 02/07/2006, which resulted in a lumbar spine injury. Diagnoses include persistent left elbow pain, and chronic low back pain with left leg symptoms. Diagnostic testing has included a MRI of the lumbar spine (06/15/2006) showing a large hemangioma at the L4 and L5 vertebral without evidence of herniation or stenosis. Previous treatments have included conservative measures, and medications. A progress note dated 01/28/2015, reports that the last 3 urine drug screenings have been negative for Norco despite the injured worker getting regular refills (last picked up on 01/13/2015) and having an additional prescription from his dentist for Norco. The objective examination revealed ongoing tenderness to the lumbar spine. The treating physician is requesting outpatient urine drug screening, which was denied by the utilization review. On 02/18/2015, Utilization Review non-certified a request for outpatient urine drug screening, noting MTUS and ODG guidelines were cited. On 02/27/2015, the injured worker submitted an application for IMR for review of outpatient urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the patient has had at least three drug screens showing inconsistent results. The patient has been shown to have issues with abuse or misuse and should be weaned from the medication thus not requiring a urine drug screen. The request is not medically necessary.