

<b>Case Number:</b>	CM15-0038146		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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 51-year-old male who sustained an industrial injury on 4/19/06. The injured worker reported symptoms in the neck and back. The diagnoses included cervical spine multiple disk protrusions with radiculopathy/radiculitis, status post left knee arthroscopic surgery with degenerative joint disease, internal derangement of the right knee, lateral epicondylitis of the left elbow, disk lesion of the lumbar spine. Treatments to date include anti-inflammatory medications, oral pain medications, and physiotherapy. In a progress note dated 12/12/14 the treating provider reports the injured worker was with "low back pain radiates into his legs with numbness and tingling sensations."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, Quantitative Units QTY:42:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**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 does not 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. The records from 12/12/14 indicate the patient is being prescribed norco for pain. A urine drug screen done 1/23/15 was positive for hydrocodone and tramadol. There is no updated medication list to support the need for repeat urine toxicology screen.