

<b>Case Number:</b>	CM15-0040651		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Georgia, California, Texas  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male who sustained a work related injury on July 20, 2012, incurred back pain after lifting a large role of material. He complained of mid back and lower pain radiating into his thigh down into his feet. He was diagnosed with a thoracic sprain, lumbar sprain, lumbar radiculopathy, sacral pain and lumbar disc herniation. Treatment included pain medications, anti-inflammatory drugs and sleep aides. Currently, the injured worker complained of worsening back and neck pain radiating to his lower extremities. Treatment included pain medications and conservative care. He was diagnosed with a muscular-skeletal strain and contusion. Presently, the injured worker was weaning himself form anti-inflammatory drugs. Authorization for urinalysis testing was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UA testing 3x over 6 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 of 127. Decision based on Non-MTUS Citation ODG Pain Chapter, Urine Drug Testing (UDT).

**Decision rationale:** MTUS recommends urine drug testing for patients receiving chronic opioids. MTUS recommendations are silent concerning the following: more detailed patient selection criteria; the recommended frequency or type of urine drug screens; or urine specimen validity testing. Therefore, other evidence-based treatment guidelines were consulted. ODG recommends that frequency of urine drug screens be based upon risk stratification. Per treating physician's office note, the injured worker reports severe pain despite ongoing opioid use and has a history of obtaining opioid pain medications from multiple prescribers. The treating physician is currently prescribing tramadol and has indicated that stronger opioid will not be prescribed if future. Based upon the documented history the injured worker appears to be of at least moderate risk for addiction/aberrant behavior. The requested drug screens are therefore reasonable and medically necessary.