

<b>Case Number:</b>	CM15-0041903		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: California

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 58-year-old male, with a reported date of injury of 03/15/2006. The diagnoses include lumbar spondylosis, lumbar radiculopathy, lumbar disc displacement, long-term opioid use, and opioids dependency. Treatments to date have included right L4-5 and L5-S1 radiofrequency ablation under fluoroscopy and needle localization times three sites on 10/06/2014, home stretching exercise program, anti-inflammatory medications, and Toradol injection. The progress report dated 02/12/2015 indicates that the injured worker reported right-sided low back pain, with shooting pain down the right leg. He also had pain in the right thigh, and pain just past the right knee. The injured worker rated the pain 4-7 out of 10. The objective findings include significant tenderness in the right sacroiliac joint, tenderness in the lumbar facets, pain with flexion and extension, diminished sensation to light touch or weakness, and pain with straight leg raise test. The treating physician requested a urine drug screen (date of service: 02/12/2015), since routine urine drug screens are recommended for patients on chronic opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine Drug Screen QTY: 1 (DOS: 02/12/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Drug testing Page(s): 94-95; 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retrospective: Urine Drug Screen QTY: 1 (DOS: 02/12/15 is not medically necessary).