

<b>Case Number:</b>	CM15-0056984		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 26 year old female with an industrial injury dated August 9, 2009. The injured worker diagnoses include mechanical low back pain, lumbar degenerative disc disease, right sacroiliitis, right L5 radiculopathy, lumbar spondylosis and myofascial pain syndrome. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/29/2015, the injured worker reported constant sharp low back pain radiating to her mid back. Lumbar spine exam revealed tenderness to palpitation, spasm and guarding with flexion. The treating physician prescribed a urine drug screen now under review. The patient sustained the injury due to slip and fall incident the medication list include Hydrocodone and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 3/18/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

**Decision rationale:** Request: Urine drug screen. Per the CA MTUS guideline cited above, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the guideline cited below, drug testing is the test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at moderate risk for addiction /aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. As per records provided medication lists includes Hydrocodone. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like; a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine drug screen is medically appropriate and necessary in this patient.