

<b>Case Number:</b>	CM15-0086800		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/19/1990
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 65 year old male, who sustained an industrial injury on 11/19/1990. He reported low back pain after heavy lifting. Diagnoses have included discogenic low back pain and chronic pain syndrome. Treatment to date has included exercise and medication. According to the progress report dated 4/9/2015, the injured worker complained of pain across his low back described as constant, throbbing and sharp. He rated his pain 9/10 without medications and 6/10 with medications. The injured worker was no longer working; he was retired. He was able to transfer and ambulate with difficulty due to pain. There was tenderness to palpation across the myofascial tissues of his lumbar spine. The treatment plan was to continue Lyrica and Mobic and continue to do a daily exercise and walking program. Authorization was requested for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

**Decision rationale:** This patient receives treatment for chronic pain related to an industrial injury on 11/19/1990. The patient reports low back pain which interferes with transferring and walking. On exam the straight leg raising portion of the exam is positive on the right. This review addresses a request to perform a urine drug screen. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical 'red flags' include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.