

<b>Case Number:</b>	CM14-0126880		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 41y/o female who developed recurrent low back pain subsequent to a lifting injury on 7/23/12. The only medical record send for review is the narrative from 7/16/14. This narrative indicates that the patient is new to this treating physician "met the patient 2 months ago". It is documented that the patient has utilized Norco 7.5 mg. BID with pain relief and self-withdrew to see what she felt. Mild withdrawal symptoms are reported along with worsening of her pain. A CURES report is negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** MTUS and ODG Guidelines recommend testing when opioids are initiated or a new patient is being evaluated and is on opioids. After the initial testing, additional testing frequency is based on the patients risk profile which appears to be very low. It is documented

that the patient is new to this treating physician and will be on opioid medications. Under these circumstances initial urine toxicology is Guideline supported and is medically necessary.