

<b>Case Number:</b>	CM14-0139472		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/26/2004
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family 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 injured worker's date of injury is 11/26/2004. Documentation of the original injury and treatment were not provided. The medical records consist of a number of Primary Treating Physician's Progress reports which are hand written. Legibility is only "fair." This patient's medical diagnoses include: chronic low back pain with radiation to the left leg, anxiety and depression and opioid dependence. On exam the paralumbar muscles are tender, SLR is positive on the right, and sensation is reduced in an L4 distribution on the right. The patient's medications include: Norco 7.5/325mg, #60 for pain and nizatidine 150 mg for dyspepsia. The patient had a urine drug screening test on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screen and review of Urine Drug Screen results and preparation of narrative report:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug testing (UDT)

**Decision rationale:** The treating physician states that a urine drug screen is needed to monitor prescription drug compliance. The MTUS Chronic Pain guidelines, however, state that random drug screening is appropriate for patients who are found to be at high risk for misusing opioids. The medical records do not document that the patient shows any aberrant drug behaviors. The request for another urine drug screen is not medically indicated.