

<b>Case Number:</b>	CM14-0152795		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology, 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:

The patient is a 46-year-old male, who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of May 22, 2007. Medical records from 2014 were reviewed, which showed that the patient complained of chronic back pain. Physical examination showed tenderness of the lumbar paravertebral muscles, bilaterally. Thoracolumbar spine range of motion (ROM) was restricted. Gait was antalgic. An MRI of the lumbar spine was done on May 7, 2014 showing solid inter body fusion at L5-S1 and posterior central disc protrusion at the level of L4-5. Treatment to date has included medications and physical therapy. Utilization review from August 19, 2014 denied the request for urine drug screen however; reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** As stated on page 43 of CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Chronic Pain Chapter, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, urine drug screen was requested to monitor the compliance of the patient on pain therapy. Progress notes reviewed showed that the patient already had 4 Urine Drug Screen (UDS) as of July 2014. However, CA MTUS recommends UDS for a frequency of up to 4 times a year. The current request for UDS is beyond the recommended frequency. Therefore, the request for Urine Drug Screening is not medically necessary.