

<b>Case Number:</b>	CM14-0165746		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 64 y/o male who developed chronic low back pain subsequent to an injury dated 7/03/10. He is currently treated with oral analgesics in the form of Hydrocodone (Norco) 10/325 2-4 per day. No aberrant drug related behaviors are documented. CURES reports are consistent with a single prescriber and previous urine drug screens are consistent with prescriptions without associated illegal drug use. Urine drug screens were performed on 4/9/14 and 7/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Substance Urine Analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

**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 Screens.

**Decision rationale:** MTUS Guidelines support the appropriate use of urine drug screens for patients on chronic opioid mediations. The MTUS Guidelines do not detail what is considered a reasonable frequency of testing. ODG Guidelines address this issue in detail and recommend frequency of testing based on risk of misuse. This patients' risk is documented to be low. Under

these circumstances routine drug screening is recommended on an annual basis. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for the repeat urine drug screen is not medically necessary.