

<b>Case Number:</b>	CM14-0165890		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/14/1989
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 9/14/1989. She was diagnosed with difficulty in walking, lumbar disc degeneration, paralytic ileus, lumbosacral neuritis, and chronic pain. She was treated with anti-epileptics, NSAIDs, opioids, and surgery (lumbar). On 7/16/14, the worker was seen by her pain specialist complaining of continual low back pain. Physical findings included tenderness and guarding of her back with spasm, but normal strength in both extremities. She was then recommended to continue her medications, which included Norco and Fentanyl. She was also recommended to get a new recliner. A urine drug screen was then performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for a drug screen consisting of u/a without microscopy immunosaaasy enzyme, drug confirmation, acetaminophen, amphetamine, benzodiasedines, barbituates, phenobarbital, nicotine, opiates, dihydrocodone and creatintine with a dos of 7/16/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids Page(s): 43, 77, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the California MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The California MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the documents available for review that suggested a drug screening was warranted. There was no history of drug abuse, signs of addiction or misuse, or poor pain control. Therefore, without a clear reason for this testing to be done on a regular basis, the urine drug screen is not medically necessary.