

<b>Case Number:</b>	CM14-0099695		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

Injured worker is a female with date of injury 4/9/1996. Per primary treating physician's progress report dated 6/3/2014, the injured worker reports ongoing left foot pain, partially managed with medication and IT pump. Her current pain is in her lower back, and rated at 7/10, on a good day it is 6/10 and a bad day it is 9/10. On examination, there is diffuse tenderness to palpation at L5-S1. Forward flexion is 110 degrees, and hyperextension is 10 degrees. There is sciatic notch tenderness present bilaterally. Lying and sitting straight leg raise testing is positive bilaterally to the back only. Gait is antalgic, and there is decreased strength in the left lower extremity. There is allodynia to light touch in distal left lower extremity. Diagnoses include unspecified urinary incontinence; chronic pain; reflex sympathetic dystrophy; obesity; and fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing (Opioids Criteria for Use) Page(s): 43, 77, 89.

**Decision rationale:** The use of urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Urine drug screening may be considered prior to a trial of opioids. The use of urine drug screens may be required in an opioid pain agreement, for chronic use of opioid pain medications. The claims administrator notes that two urine drug screens were approved recently, one on 5/9/2014, and another on 5/8/2014. The test results are not discussed by the requesting provider, and do not appear to be a part of the current management of the patient's care. The amount of opioids has reduced over the past year with improvement in symptoms, and there is no evidence of aberrant behavior noted by the requesting physician. Medical necessity of this request has not been established. The request for Urine drug screen is determined to not be medically necessary.