

<b>Case Number:</b>	CM14-0212953		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 51 year old male with an injury date of 12/03/11. Based on the 08/05/14 progress report, the patient complains of severe low back pain. He has tenderness in the lower lumbar paravertebral musculature. Forward flexion is 40 degrees, extension is 10 degrees, and lateral bending is 30 degrees. The 09/18/14 report indicates that the patient has pain with all ranges of motion. The 10/30/14 report does not provide any additional objective/subjective exam findings. The patient's diagnoses include the following: 1. Discogenic low back pain The utilization review determination being challenged is dated 11/25/14. Treatment reports are provided from 02/18/14 - 12/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen every 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** The patient presents with severe low back pain. The request is for a urine drug screen every 3 months. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, Official Disability Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The reason for the request is not provided. The 10/30/14 report states that the patient is currently taking Norco. There are no prior urine drug screens provided for review, nor has the provider documented that the patient is at high risk for adverse outcomes or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Monitoring of the opiate with once yearly UDS is recommended per guidelines; however, the provider is requesting for a UDS every 3 months, which exceeds what is allowed by MTUS Guidelines. The requested urine drug screen every 3 months is not medically necessary.