

<b>Case Number:</b>	CM15-0102763		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 43 year old male, who sustained an industrial injury on 6/22/10. He reported a low back injury. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date has included oral medications including Norco, transdermal medications including Flector patch, lumbar laminectomy, physical therapy, acupuncture, chiropractic treatment, home exercise program and activity restrictions. Currently, the injured worker complains of continued low back pain. Physical exam noted tenderness to palpation over the L3-5 spinous processes with marked paraspinal hypertonicity, myofascial trigger points and tender sciatic notches. The treatment plan included request for authorization for Norco and Flector patches, continuation of medications, continuation of home exercise program and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. There was no documentation of previous drug screen results, history of noncompliance or illicit drug use and the frequency of testing. The medical necessity of the requested item was not established. The requested item was not medically necessary.