

<b>Case Number:</b>	CM15-0017630		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 09/08/2008. Diagnoses include sprain lumbar region, disc displacement, and obesity. Treatment to date has included epidural steroid injections, diagnostics, physical therapy, medications and chiropractic care x 6 sessions. A physician progress note dated 12/03/2014 documents the injured worker complains of low back pain with radiates down about his right leg, and his right knee gives out, and it is happening more frequently. Pain is rated 8 out of 10 with his medications, and without his medication is pain is at 10. He is able to walk with his medications. Lumbar range of motion is limited. Recent Magnetic Resonance Imaging revealed some stenosis at multiple levels and degenerative disc disease. A prior urine drug screen on 7/10/14 was negative for prescribed Nucynta. Treatment requested is for a Urine drug screen. On 01/16/2015 Utilization Review non-certifies the request for a urine drug screen, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Duration Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Pain; Urine Drug Screening.

**Decision rationale:** MTUS Guidelines support the occasional use of urine drug screens to check for opioid compliance and possible illegal drug use. However, the MTUS Guidelines do not detail a reasonable frequency of testing. ODG Guidelines address the issue of frequency and recommend quarterly or bi-annual testing if there are reasonable levels of concern. The prior urine drug test was nearly 6 months prior to this request and was reported to be negative for the prescribed opioid. A repeat urine drug testing is supported by Guidelines under these circumstances. The repeat Urine Drug Screen is medically necessary.