

<b>Case Number:</b>	CM15-0113204		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 34 year old male, who sustained an industrial injury on February 27, 2009. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP), lumbar decompression and revision, degenerative disc disease (DDD). Treatment to date has included lumbar surgery, x-rays, magnetic resonance imaging (MRI), lab work and medication. A progress note dated May 22, 2015 provides the injured worker complains of low back and left hip pain radiating down the leg with numbness and tingling. He rates the pain 2-3/10 with medication and 7/10 without medication. He reports the pain has been the same or worse. He also reports severe gastroesophageal reflux disease (GERD) due to pain medication. Physical exam notes lumbar tenderness with 20% decrease in range of motion (ROM). The gait is normal and there is a lumbar surgical scar. Other aspects of the exam are within normal limits. The request includes retroactive (5/22/2015) lab work, Anaprox, Fexmid, Ultram and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen with a dos of 5/22/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Based on medical records, the injured worker does take opioids. Therefore, the request for urine drug screen is determined to be medically necessary.