

<b>Case Number:</b>	CM15-0061354		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Emergency 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 54 year old female who sustained an industrial injury on 9/12/11. The mechanism of injury is unclear. She currently complains of low back pain worse on the left with radiation down bilateral legs, more severe in the hips. Her pain level is 7/10. Her activities of daily living and sleep are limited due to pain. She uses a cane for ambulation and uses pain medication to keep her pain at baseline. Medications are Norco, flurbiprofen, omeprazole and gabacetylotram. Diagnoses include status post laminectomy and discectomy at L4-5 and L5-S1 with inter-body fusion and posterior instrumentation and fusion on 5/15/13; post laminectomy syndrome of the lumbar spine; rule out sacroiliac joint disease; lumbar radiculopathy. Treatments to date include right sacroiliac joint injection (1/22/15) without improvement, medications. Diagnostics include computed tomography of the lumbar spine (6/5/14); MRI of the lumbar spine (11/1/12) abnormal. Utilization Review (3/27/15) requests LC/MS/MS times one; opiate test times 1; urinalysis times one and creatinine times one. There was no request for authorization or plan of care found in the records reviewed for these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LC/MS/MS 1X QUARTERLY, OPIATES TESTING 1X QUARTERLY, URINALYSIS 1X QUARTERLY, CREATINE 1X QUARTERLY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** As per MTUS chronic pain guidelines urine drug screen may be considered as part of an appropriate monitoring program on patient's chronically on opioid therapy. Patient is currently on opioid therapy. It is noted that prior urine drug screens have been appropriate. There is no documentation of concerns of abuse or patient being at high risk for abuse. The requested urine testing is an open ended request for an unlimited number of testing which is not an appropriate request. Patient is not at high risk and does not require such frequent urine testing and the request is not an appropriate request since it does not allow for reassessment or changes in testing when and if patient's medical issues change over time. Requested urine drug testing is not medically necessary.