

<b>Case Number:</b>	CM15-0069661		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/14/1990
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 42 year old female who sustained an industrial injury on 12/14/1990. She reported bilateral buttock pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; sciatica; drug dependence, not otherwise specified; and fasciitis not otherwise specified. Treatment to date has included physical therapy (provided 50% relief), Botox injections (provided 90% relief) and a Tens unit (no status given). Currently, the injured worker complains of stabbing pain in her right side. She reports using medications appropriately, denies adverse side effects, and no drug-related aberrant behaviors are noted. She is currently taking Ambien, Baclofen, Percocet, MS Contin, Zoloft, and Fluticasone. An authorization for a urine drug screen is requested.

### 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 Opioids, steps to avoid misuse/addiction, Criteria for use of urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there was mention of drug dependence and a claimant's desire to wean medication. As such, routine monitoring of urine screen to monitor compliance is essential and medically necessary.