

<b>Case Number:</b>	CM13-0038376		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/08/2002
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56 year old female who was injured on 10/08/2002. The mechanism of injury is unknown. The patient underwent a bilateral hemilaminectomy and neuroforaminotomy, L5 and S1 root foraminal decompression needle facetectomy 2006; ankle fracture ORIF 04/10/2008; and removal right ankle hardware on 06/01/2009. She has been treated conservatively with an epidural steroid injection on 04/15/2013 which provided her with minimal pain relief. She stated her medications help with pain and tolerates them well. On exam, she is tender over the lumbar paraspinous muscles. There is moderate facet tenderness noted along the L4 through S1. Supine straight leg raise is 70 degrees bilaterally and lumbar spine range of motion is 30 degrees bilaterally. Muscle testing is 5/5 in all muscle planes. She has lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. She has been recommended to continue aggressive home exercise program. She was given refills of Percocet 10/325, and Lyrica 150 mg. Progress report dated 08/23/2013 indicates the patient complained of back, legs and lumbar spine pain radiating to both legs with achy pain. She rated the pain a 6/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO URINE DRUG SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Drug testing Page(s): 43, 87-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Urine Drug Testing.

**Decision rationale:** According to ODG guidelines, frequency of urine drug testing should be based upon risk stratification. Patient at low risk should be tested on an annual basis. Patients at moderate risk should be tested 2 to 3 times per year. Patients at high risk may be tested monthly. This is request for retrospective urine drug screen (apparently performed on 8/3/13) for a 56-year-old female injured on 10/8/02 with chronic low back pain, lumbar DDD/DJD, lumbar radiculopathy, and post-laminectomy syndrome. She is taking Percocet and Lyrica on a chronic basis. Previous urine drug screens appear to have been performed on 10/25/12, 12/13/12, 2/28/13, 4/25/13 and 5/23/13. Documentation on 8/23/13 notes the patient has anxiety and takes a high level of Opioids, such that random-drug screening every 4 to 6 months is warranted. This suggests the patient is at moderate risk of drug abuse or aberrant behavior for which testing 2 to 3 times a year would be indicated. However, at the time of the request on 8/3/13, the patient appears to have had at least 3 urine drug screens in the previous 6 months and 1 urine drug screen 2 months prior. There is no documentation of high risk of abuse or aberrant behavior. No rationale is provided for this frequency of screening. This frequency is inconsistent with guideline recommendations for moderate risk. The request for retro urine drug screening is not medically necessary.