

<b>Case Number:</b>	CM13-0066913		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Internal 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 51-year-old who was injured on January 11, 2012 while she was lifting a wheelchair to load it on the trunk of her car. The wheelchair weighted approximately 30-50 pounds; as she was lifting it up, she experienced a sudden pulling sensation in her entire back and neck. Prior treatment history has included physical therapy, left knee arthroscopy and injections; Tramadol, Prilosec, Zolpidem and lorazepam; Ambien, Ativan, and Wellbutrin SR; omeprazole, and Lidoderm patch. PR2 dated 08/06/2013 states the patient is having worst pain in the lower back that radiates to the lower extremities but more on the left side. She also has pain in her neck and upper back area. The pain interferes with her daily activity and sleep. For pain, she has been taking Mobic 15 mg p.o. daily as needed, Norco 5/325 two times as needed, Prilosec 20 mg p.o. daily, and tizanidine 4 mg p.o. b.i.d. p.r.n. She states that combination of these medications make the pain tolerable without side effects but she states that she has been experiencing heartburn. She states that she is not receiving pain medication from any other sources and she denies illicit drug abuse. She has been compliant with the medication. On exam, there is paravertebral muscle spasm and tenderness in the lower lumbar region. Range of motion of the lumbar spine is as follows: demonstrates flexion of 35 degrees/60 degrees; extension of 15/25 degrees; lateral bending of 15/25 degrees bilaterally and rotation of 35/45 degrees bilaterally. Straight leg raise is positive bilaterally. There is decreased sensation to light touch over the left L5 and S1 dermatomes; deep tendon reflexes are 1+ at the level of both patella. The patient is diagnosed with cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain/strain; and low back pain with radicular symptoms to the lower extremities but more on the left side. PR2 dated March 11, 2014 states the patient presents with a complaint of low back pain. The pain interferes with her daily activities and sleep. For pain, she has been taking tramadol 50 mg p.o. every six hours as needed with some relief in her pain. She states that in the

past, she used to try lidocaine patch as well which was helping her as well. Today, I reviewed the report of the urine drug screen which was done on January 27, 2014 which was consistent with the prescribed medication. She states that to be able to live, function and to have quality of life, she is using the medication. On exam, there is paravertebral muscle spasm and tenderness in the lower lumbar region; Straight leg raise is positive. There is decreased sensation to light touch over the L5 and S1 dermatomes, more pronounced on the left side.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **A URINE DRUG SCREEN PROVIDED ON 10/9/13: Upheld**

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines and the ODG, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs as well as to monitor compliance with prescribed substances. The records submitted for review indicates that the patient has been prescribed long-term opioids, which does require ongoing monitoring with urine drug screening. However, there is no documentation of drug abuse or illegal drug use and therefore the patient is considered at low risk. The records indicate that there was a prior urine drug report dated August 7, 2013 and ODG indicates that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. It is unclear why a repeat urine drug screen was required after about two months in the absence of drug abuse or aberrant behavior. The request for a urine drug screen provided on October 9, 2013 is not medically necessary or appropriate.