

<b>Case Number:</b>	CM13-0070121		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 06/03/2012. The mechanism of injury was not submitted. The patient was diagnosed with L3-4 and L4-5 disc herniation; left leg radiculopathy; left L3-4 and L4-5 stenosis and status post L3-4 and L4-5 micro discectomy and foraminotomy on 07/23/2013. The progress report dated 08/09/2013 stated the patient was status post L3-4 and L4-5 micro discectomy and foraminotomy. The patient was being treated conservatively including pain medication as needed. The patient's medications included Norco 10/325 mg and Vicodin 5/500 mg. The recommendations included the patient may undergo random urine drug toxicology screening to verify medication compliance. The progress note dated 09/05/2013 stated the patient was seen for a follow-up evaluation. The patient had not started postoperative physical therapy. The patient complained of minimal low back pain. The patient's lower extremity symptoms had resolved since surgery. The patient's medications included Colace 100 mg and Vicodin 5/500 mg. The patient received new prescriptions for Motrin 800 mg, Protonix 20 mg, and Ultram 50 mg. It was noted that the patient was switched from Vicodin to Ultram 50 mg to be taken 4 times a day and started on Motrin 800 mg to be taken 3 times a day in addition to Protonix 20 mg twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology-Urine Drug Screen collected on 9/5/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

**Decision rationale:** CA MTUS Guidelines state steps to avoid misuse or addiction of opiates include frequent random urine toxicology screens. The Official Disability Guidelines go on to state frequency of urine drug testing should be based on documented evidence of risk stratification including the use of a testing instrument. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when a decision is made to continue, adjust, or discontinue opiate treatment. The information should include clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The patient was prescribed and using opiate medications for pain. However, the clinical documentation submitted for review does not show evidence of aberrant behavior. Given the lack of documentation to support guideline criteria, the request is non-certified.