

<b>Case Number:</b>	CM14-0106741		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation 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 injured worker is a 55 year-old female who reported a work related injury on 10/11/2013 due to a fall. Diagnoses consist of left knee internal derangement and a herniated nucleus pulposus of the lumbar spine. Past treatments have consisted of therapy and medications. Diagnostic studies included a urine drug screen test on 01/07/2014 which revealed evidence of inconsistency with reported medication list and a MRI of the lumbar spine on 12/11/2013. Surgical history was not included for review in the paperwork provided. Upon assesment on subjective complaints on 06/17/2014 consisted of intermittent to frequent flare ups of pain to her low back, that is a 6 to 7 on a VAS pain scale. Her lower back pain has been exacerbated with prolonged standing/walking as well with activities of daily living. Objective complaints consisted of tenderness over lumbosacral spine as well as over the bilateral lumbar paraspinal musculature, where muscle spasms and myofascial trigger points were noted. Upon active range of motion to the lumbar spine; flexion showed to be 45 degrees out of 60 degrees, extension of 10 degrees out of 25, and lateral bending at 10 degrees of 25 bilaterally. As well as increased lower back pain upon extremes of all range of motion to her lumbar spine. Medications include Norco and Resteril. The treatment plan stated to continue medications, and to perform a urine drug screen next visit for medication compliance and reasses in four weeks. The rationale for a urine drug screen was to review medication compliance. Request for authorization was submitted for review on 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

**Decision rationale:** The request for a urine drug screen is not medically necessary. According to the California MTUS, a urine toxicology screen is recommended to assess for the use or presence of illegal drugs or to monitor the adherence to a prescription medication list. More specifically, the Official Disability Guidelines state urine drug testing which shows positive evidence of illicit or nonprescribed drugs places a patient in a "high risk" category. Patients at "high risk" of adverse outcomes may require testing as often as once per month. Additionally, the guidelines state that when there are unexpected results, documentation of the ensuing conversation, including patient's explanation should be made. A drug screen from 01/07/2014 showed evidence of Tramadol, Nortriptyline, Hydrocodone, and Norhydromorphine. Her medication list on 01/07/2014 included Hydrocodone and Nortriptyline; however, there was no documentation of Tramadol use. Therefore, documentation is needed regarding this inconsistent result, the injured worker's explanation, and the planned frequency of urine drug testing. In the absence of this information, the necessity of a urine drug test cannot be established. As such, the request is not medically necessary.