

<b>Case Number:</b>	CM14-0013883		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

This is a 47-year-old male with a 9/22/09 date of injury. The patient injured his back while lifting buckets of plaster. The patient is status post a transforaminal lumbar interbody fusion at L4-5 in 2012 with instrumentation. The patient complained of ongoing back pain is radiating to the left buttock region. The patient was seen on 12/18/13 complaining of low back pain with radiation to the bilateral thighs and groin. Exam findings revealed severe tenderness and lumber region, and painful pedicle screws. There was increased pain with lumbar extension, guarded motion, the patient was ambulating with a cane, and had difficulty rising from a seated position. Motor strength was intact. There was decreased sensation in the L5 dermatome distribution. The diagnosis is post L4-L5 decompression and fusion 2012, facet disease, and epididymitis. The plan is for acupuncture to continue the patient's medication management and a urine drug screen. Prior urine drug screens have been consistent with the patient's prescriptions. His medications are Flexeril, Tramadol, and Prilosec. The treatment to date: epidurals, lumbar fusion, medication management, acupuncture, and physical therapy. An adverse determination was received on 1/29/14 given there was no documentation of the provider concerns over the patients use of illicit drugs or non-compliance with his prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retrospective) Urine Drug screen (date of service: 12/18/13), Qty: 1:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, differentiation: dependence & addiction, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Ongoing opiate management Page(s): 43, 78. Decision based on Non-MTUS Citation Chronic Pain Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 10), Section Chronic Use of Opioids, pgs. 222-238.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, the patient has had a history of a lumbar fusion with ongoing back pain secondary to instrumentation. His urine drug screens per the progress notes have been noted to be compliant and consistent and the patient is currently on Tramadol for pain control. There is no suspected aberrant behavior or misuse of prescriptions. Therefore, the request for retrospective Urine Drug screen (date of service: 12/18/13) is not medically necessary.