

<b>Case Number:</b>	CM14-0135349		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/18/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old female with date of injury 4/18/10. The treating physician report dated 7/24/14 indicates that the patient presents with chronic lumbar pain with bilateral lower extremity pain. Current medications are listed as: Norco 7.5/325 #105, MS CONTin 15mg #60, Soma 350mg #55 and Neurontin 600mg #90. The treating physician reports that there is a 12/3/13 urinary drug screening that was found to be consistent with medications prescribed. The physical examination findings reveal tenderness of lumbar paraspinal musculature, no spasms noted, limited lumbar ranges of motion and positive SLR on the left. The current diagnoses are: 1.Status post lumbar fusion L4/5 and L5/S1 2.L3.4 DDD with stenosis 3.Left L5 and S1 radicular pain. The utilization review report dated 8/7/14 denied the request for toxicology urine drug screening based on the rationale that the patient had a drug screen on 12/3/13 and analysis is only indicated on a yearly basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology, urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The patient presents with chronic lumbar pain with radiculopathy. The current request is for Toxicology, urine drug screen. The treating physician has prescribed opiates since at least 12/3/13 and on that date there was a random toxicology, urine drug screen performed that was consistent with the medications prescribed. In the 7/24/14 report there is no mention of the patient being at a high risk for abuse. The treating physician states that a random drug screening is medically necessary. The MTUS guidelines recommend drug testing as follows, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The review of the reports does not show that there was any other urine toxicology in 2014. While this patient has not been identified as an at risk patient for abuse the MTUS guidelines support random urine toxicology screens and the treating physician in this case feels that screening at a 7 month interval is medically necessary because of the ongoing opioid usage. The request is medically necessary.