

<b>Case Number:</b>	CM14-0136939		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 56 year old female who reported an injury on 06/27/2002. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included lumbosacral radiculitis, insomnia, post laminectomy syndrome, and sacroiliac sprain/strain. Her past treatments included surgery, medication, and steroid injections. The injured workers diagnostic exams were not included in the clinical notes. Her surgical history included a laminectomy and discectomy at the L4-5 and a fusion of the L4-S1. On 07/21/2014, the injured worker complained of back pain that radiates to her right lower extremity. She reported that the pain was in her lumbosacral spine and rated her discomfort at 3/10 with pain medications. The physical exam revealed tenderness at the sciatic notch and broad tenderness across the sacrum. Her range of motion was decreased with flexion, extension and rotation. There was also decreased sensation to the plantar foot. Her medications included Clonidine, Methadone, and Tizanidine. The treatment plan comprised of an MRI, continuation of her medications and 1 urine drug screen 4 times a year. The rationale for the request was to monitor for compliance with opioids. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug screen 4 times a year:** 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 (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Urine drug testing

**Decision rationale:** The request for 1 urine drug screen 4 times a year is not medically necessary. The California MTUS Guidelines state urine drug screens may be indicated to monitor for non-adherence with opioid medications. More specifically, the Official Disability Guidelines recommend a urine drug screen if there is documentation of an addiction-screening test using a formal screening survey. If the test is normal, confirmatory lab testing is not required. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Based on the clinical note "the injured worker is not exhibiting aberrant drug-related behavior or any significant side-effects". The guidelines state there must be documentation of an addiction-screening test using a formal screening survey to determine the likelihood of aberrant drug behavior. The frequency of urine drug testing should be based on documented evidence of risk stratification testing. However, due to lack of documentation indicating that an addiction-screening test using a formal screening survey has been performed the request is not supported. Therefore, due to the absence of a proper addiction screen assessment the request for 1 urine drug screen 4 times a year is not medically necessary.