

<b>Case Number:</b>	CM14-0021994		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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's date of injury is said to be 1-5-2009. The mechanism of injury was said to be prolonged standing. She developed low back pain with radiation to the left lower extremity. She was seen as a new patient by pain management complaining of low back pain radiating to the left leg with numbness. A physical exam revealed tenderness to the mid-to distal lumbar spine, a positive seated nerve root test, and painful neuropathy in the L5 and S1 dermatomes. An MRI scan revealed a disc protrusion at L3-L4 and L5-S1. Nerve conduction velocity testing and an electromyogram revealed evidence of a radiculopathy on the left at L5. At the time of her initial visit her only medications were said to be plaquenil and Cymbalta. It appears that eight days later she was placed on hydrocodone, cyclobenzaprine and gabapentin. Urine drug screen was performed on 10-22-2014. The record also reflects that she was known to be taking tramadol on 6-18-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREENING DOS 10-22-2013.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section, <Urine Drug Testing Topic>.

**Decision rationale:** The Official Disability Guidelines recommend urine drug testing as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. In this case, the injured worker has a drug list that shows her to be taking hydrocodone at least one day prior to the urine drug testing done on 10-22-2014. Urine drug testing in this case is medically necessary. It is apparent from the clinical record that epidural injections were not effective and it is reasonable to presume that the treating physician was considering chronic opioid therapy.