

<b>Case Number:</b>	CM14-0035739		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 25-year-old male who was injured on 11/25/2012 when he lifted a container filled with water. Prior treatment history has included Fioricet, tramadol, Naproxen and omeprazole. The patient underwent many epidural steroid injections. The patient has received therapeutic epidural administration, bilateral L4-L5 facet blocks 10/03/2013, 09/10/2013, and 11/07/2013. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the lumbar spine on 05/16/2013 revealed L4-5 disc level shows a 2.5 mm posterior disc protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. The neural foraminal appear patent. Lateral recesses are clear. Mild bony hypertrophy of the articular facets is present; Normal ligamentum flavum. Drug screening dated 09/12/2013, 09/27/2013, 08/19/2013, and 10/14/2013. Progress report dated 09/18/2013 indicates the patient presented with complaints of pain in his lower back traveling to both legs posteriorly to knees, which he rates as a 7/10. He reported numbness in both lower extremities. He also reported that the medication does not help alleviate his pain. Objective findings on exam revealed Kemp's test/facet is positive on both sides. Palpation reveals mild paraspinal tenderness with mild spinal tenderness. He is tender at the sacroiliac (SI) bilaterally and pelvic brims. The patient performed the bilateral straight leg raise test with no pain. Diagnoses are displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, lumbar facet joint syndrome, myalgia, and insomnia. The treatment and plan included therapeutic lumbar epidural steroid injection at disc levels L4-L5. The patient was to undergo a psychological evaluation to determine if the patient is sufficiently stable and secure emotionally to undergo this procedure. Prior utilization review dated 03/07/2014 states the request for one retrospective chromatography, quantitative on 11/11/13. is not authorized there have been several drug screenings done and there has been no reported and none have been discussed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Chromatography, Quantitative on 11/11/13. QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Differentiation: Dependence & Addition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** This is a request for retrospective quantitative chromatography (urine drug screen) on 11/11/13 for a 25-year-old male injured on 11/25/12 with chronic low back pain. However, the patient reportedly had urine drug testing performed on 08/19/2013, 09/12/2013, 09/27/2013, and 10/14/2013. Results are not provided. There is no documentation of past history or high risk of abuse or aberrant behavior. It is not clear if the patient is taking an opioid other than Tramadol. According to MTUS guidelines, urine drug testing is recommended on a semiannual basis for those patients taking opioids without history of or high risk of abuse or aberrant behavior. Medical necessity is not established for repeat urine drug screen at this time.