

<b>Case Number:</b>	CM14-0068775		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/28/1994
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

This 60 year-old patient sustained an injury on 12/28/1994 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include lumbosacral neuritis NOS. Report of 6/13/13 from the provider noted the patient with constant pain in low back radiating into the lower extremities. Medications list Lisinopril/HCTZ, Allopurinol, Amlodipine, Fluoxetine, Provigil, and Testosterone. The patient was detoxed from opioids two to three years prior due to dependency problems. Report of 8/22/13 from pain management noted patient with chronic low back symptoms. Exam showed gait altered using cane to ambulate. Diagnoses include lumbar radiculopathy with disc herniation and spinal stenosis at L4-5; neuropathy pain; improved hypertension; and history of non-industrial diabetes. Treatment recommendation included LESI at L4-5; home exercise; topical medrox or terocin cream; and TENS unit VQ Orthostim unit. The patient remained TTD. Request(s) for Retrospective Urine drug screen (6/13/13) was non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** decision on the MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43.

**Decision rationale:** This 60 year-old patient sustained an injury on 12/28/1994 while employed by [REDACTED]. Request(s) under consideration include Urine drug screen. Diagnoses include lumbosacral neuritis NOS. Report of 6/13/13 from the provider noted the patient with constant pain in low back radiating into the lower extremities. Medications list Lisinopril/HCTZ, Allopurinol, Amlodipine, Fluoxetine, Provigil, and Testosterone. The patient was detoxed from opioids two to three years prior due to dependency problems. Report of 8/22/13 from pain management noted patient with chronic low back symptoms. Exam showed gait altered using cane to ambulate. Diagnoses include lumbar radiculopathy with disc herniation and spinal stenosis at L4-5; neuropathy pain; improved hypertension; and history of non-industrial diabetes. Treatment recommendation included LESI at L4-5; home exercise; topical medrox or terocin cream; and TENS unit VQ Orthostim unit. The patient remained TTD. Request(s) for Retrospective Urine drug screen (6/13/13) was non-certified on 4/17/14. Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been detoxed several years prior without current documented concerns or current prescription for any narcotics for this chronic 1994 injury. The patient remains not working. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without any opiate prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The (Retrospective) Urine Drug Screen is not medically necessary and appropriate.