

<b>Case Number:</b>	CM14-0083002		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, Pain Medicine, and is licensed to practice in Texas. 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 51-year-old male, who reported injury 09/10/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/23/2014 indicates the diagnoses of postlaminectomy pain syndrome, lumbar spinal stenosis, and lumbar radiculopathy. The injured worker reported lower back pain that radiated down both legs down to his toes. The injured worker reported the pain was constant and aching. The injured worker reported he felt numbness and tingling in the lower back down to his legs. The injured worker reported sitting and standing for long periods of time made the pain worse. The injured worker reported rest and taking pain medications made the pain better. The injured worker reported his pain level without medication was 10/10. The injured worker reported that when taking pain medication his pain level dropped down to a 6/10 to 7/10. The injured worker reported taking Ambien helped him sleep better at night; Lyrica was helping with the nerve pain in his legs; Oxycodone and Fentanyl helped alleviate the pain; and, Amitiza helped with his constipation due to taking all the medications. The injured worker reported that with taking these medications he was able to sit for longer periods of time, dust his house, and do his laundry. The injured worker reported that he still could not bend and that he received about 50 to 60% pain relief with his pain medications. The injured worker reported he did not have any new allergies, medical history, or any new medications. Physical examination: The injured worker's strength was within normal limits. The injured worker had a previous laminectomy scar in place, severe pain with lumbar extension, a positive straight leg raise bilaterally at 30 degrees in L1 and L5 distribution, moderate palpable spasms at the bilateral lumbar paraspinal muscle with positive twitch response, and a waddling gait. The injured worker's treatment plans included continuation with Lyrica, Percocet, and Fentanyl. The injured worker had a signed narcotic agreement on file. The injured worker did a urine drug screen today. Continue with Amitiza and Ambien. Return

to clinic in 1 month. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lyrica, Percocet, Fentanyl, Amitiza, and Ambien. The provider submitted a request for a urine drug screen. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine Drug Screening:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. Documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or the injured worker was suspected of illegal drug use. Therefore, the request for urine drug screen is not medically necessary.