

<b>Case Number:</b>	CM14-0097427		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 patient is a 56 year old male who sustained an industrial injury on 10/24/2013, when he hit his back and right knee while exiting his car. He has history of previous lumbar laminectomy, 1999. He is followed for low back pain and right leg radicular symptoms. Treatment has included medications, Lumbar Epidural Steroid Injection (LESI)'s. According to 1/13/2014 urine toxicology report, the results was completely negative, no alcohol/drugs/medications detected. An 2/21/2014 operative report documents the patients was administered SNRB/ transforaminal Epidural Steroid Injection at right L5-S1 and S1-S2. According to 5/12/2014 urine toxicology report, the results was completely negative, no alcohol/drugs/medications detected. An 5/11/2014 operative report documents the patient was administered transforaminal ESI at right L5-S1 and S1-S2. Pain management follow-up dated 6/2/104, the patient returns for re-evaluation, last visit was 2/20/2014 and right L5, S1 snrb/TFE on 2/21/2014 noting about 75% improvement in pain. Relief lasted 3 weeks. He was able to walk with much less pain and sleep quality was improved. He continues Anaprox, norco, and Zanaflex as prescribed by [REDACTED]. Trial of Lyrica did remove some of his leg discomfort. He has return of low back and right leg pain with numbness, which was decreased after epidural as well. Pain is rated 5/10. Physical examination documents patient complaint of ongoing/return of right leg pain and low back pain, worse with walking and standing, positive SLR and right leg pain to posterior calf. There are no new deficits. Diagnoses are lumbago; degenerative lumbar/lumbosacral IVD; lumbosacral spondylosis w/o myelopathy; thoracic/lumbosacral radiculitis; and muscle spasm. Treatment plan include: Lyrica was prescribed, other medications per [REDACTED]; RTC 1-2 months ongoing HEP, repeat UDS in the future, and repeat right L5, S1 TFE is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 qualitative urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING; OPIOIDS, INDICATORS FOR ADDICTION Page(s): 43; 87-91.

**Decision rationale:** According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physicians have not documented any aberrant or suspicious drug seeking behavior. Furthermore, Urine Drug Screen (UDS) have been performed. The medical records document samples were collected for urine drug screens, and according to the 1/13/2014 and 5/14/2014 urine toxicology reports, no drugs/medications were detected. The medical records document the patient is prescribed Zanaflex, Anaprox and Norco. The medical records do not indicate that the results of these prior Urine Drug Screen (UDS) results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. The requested urine toxicology test is not supported within the evidence based guidelines. The request is not medically necessary and appropriate.