

<b>Case Number:</b>	CM14-0133664		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/30/2006
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 is an 84 year old individual who sustained a work injury on 09/30/06 when the injured worker (IW) lifted a heavy roll of material. Prior treatments consisted of lumbar epidural steroid injections, pain medication and non-steroidal anti-inflammatory drug (NSAID's). On 07/14/2014 he presented for follow up with complaints of back pain that radiated down the right leg. He had L 4/5 epidural steroid injection on 04/30/2014 which eliminated the leg complaints and improved some of his back pain. However he still continued to describe aching, stabbing pain across the right buttock which was worse with sitting. He was taking NSAID's for pain control and hydrocodone only when pain was severe. Current medications were Mobic 7.5 mg daily, Vicodin 5/500 mg as needed and Diazepam 2 mg. There was no tenderness on palpation of cervical facets or paraspinal muscles. There were no palpable trigger points in the trapezius, rhomboids or levator scapulae muscles. Gait was non-antalgic without the use of an assistive device. Diagnoses were spinal stenosis, long term medication use, and lumbar radiculopathy. Urine drug toxicology was requested. On 08/05/2014 utilization review did not recommend certification of the request stating: There is no documentation of any improper previous urine drug screen, use of prior inappropriate drug use, diversion or use of illicit substances. Medical necessity of this test is not established. Guidelines cited were CA MTUS page 85, Opioids, differentiation, dependence & addiction. The request was appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology Screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43, Opioids criteria for use Pages 76-77, Opioids pain treatment agreement.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The progress report dated July 14, 2014 documented the medications Vicodin 5/500 mg and Diazepam. Vicodin is a Schedule II Hydrocodone combination product and is a potentially addictive opioid analgesic medication. Diazepam is a Schedule IV controlled substances. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine toxicology screen is medically necessary.