

<b>Case Number:</b>	CM14-0189130		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/14/2005
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31 year old male with a date of injury as 07/15/2005. The current diagnoses are chronic low back pain, lumbar disc injury, post traumatic stress disorder, and lumbosacral radiculopathy. Previous treatments include multiple medications, psychotherapy, Eye Movement Desensitization and Reprocessing (EMDR) therapy, home biofeedback, Transcutaneous Electrical Nerve Stimulation (TENS), and acupuncture. Primary treating physician's reports dated 11/05/2013 through 10/02/2014 and urine drug screens from 01/03/2014 through 10/03/2014 were included in the documentation submitted. Report dated 10/02/2014 indicated that the injured worker presented with complaints which included low back pain, no great analgesic benefit from doubling up on the Nucynta ER, and still requiring increased Norco. The injured worker also stated that Duexis, Norco, and name brand lidoderm help with the pain. Zanaflex helps some with spasms and sleep, and Protonix helps control the GI upset with the meds. It was further stated that the injured worker reported persistent ongoing sexual dysfunction related to either his pain or his medications. It was documented that the injured worker is playing tennis for exercise and conditioning. The report dated 10/02/2014 indicates that the injured worker is prescribed Norco, Lidoderm, Protonix, Duexis, Zanaflex, and Nucynta ER. Physical examination of the back revealed tightness/spasms and trigger points of bilateral lumbosacral paraspinal muscles. The injured worker received trigger point injections x 4 in the bilateral L-S paraspinal muscles during this visit. The urine drug screen dated 10/03/2014 indicates that the results are inconsistent with the prescribed medications. Urine drug screen from 08/07/2014 indicates the presence of norhydrocodone. Urine drug screens from 01/03/2014 and 05/18/2014 were negative. The injured worker's status is documented to be permanent and stationary/QIW with future medical care. The utilization review performed on 10/13/2014 non-certified a prescription for urine drug screen testing (DOS 10/03/2014), stating that there was no

indication that the injured worker has issues of abuse, addiction, or poor pain control. The reviewer referenced the California MTUS in making this decision.

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

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

**Retro urine drug screen DOS 10/3/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, Urine Drug Screen (UDS) is not medically necessary.