

<b>Case Number:</b>	CM14-0200344		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, Indiana, New York  
 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:

According to the records made available for review, this is a 57-year-old male with a date of injury on 05/15/2009. Qualified medical examination from 05/15/2014 noted that the injured worker fell backwards on steps after a misstep where he subsequently fell on his back and right side. Documentation from 01/20/2014 indicated the diagnoses of low back pain with right lumbar five and sacral one radiculopathy, status post anterior fusion at lumbar four to five on 02/28/2012, neck pain, status post anterior fusion at cervical five to six. Subjective findings noted on 09/09/2014 were remarkable for increased neck pain that radiates to the bilateral shoulder and upper back with a pain rating of ten out of ten without medication and seven out of ten with medication. The injured worker also noted pops and a grinding feeling when he turns to the left. Physical examination from the same date was remarkable for slightly decreased range of motion and tightness and spasm to the trapezius and parascapular area. Qualified medical examination referenced that a magnetic resonance imaging was performed at an undocumented date which was revealing of mild to moderate degenerative disc bulges. Computed tomography of the lumbar spine performed on 08/14/2009 was noted to reveal multilevel lumbar degenerative disc disease with arthritis and a non-acute partial thoracic eight compression fracture. Urine toxicology screen performed on 07/16/2014 was positive for Opiates, Benzodiazepines, and Oxycodone, which were noted to be consistent with current medications. Urine toxicology from 10/08/2014 was positive for Opiates, Benzodiazepines, Tricyclic antidepressants (TCA), and Oxycodone, which were noted to be consistent with current medications. Prior treatments offered to the injured worker were Toradol intramuscular injections, urine toxicology screens,

above listed surgical procedures, and a medication history of Norco, Dilaudid, Halcion, Soma, nonsteroidal anti-inflammatory medications, Nabumetone, Flexeril, and Quazepam. Documentation also noted a request for cervical epidural steroid injection. Physician documentation from 09/09/2014 noted that pain interfered with activities of daily living of cooking dinner and washing dishes. The physician also referenced Passik's 4 A's noting that the pain relief the injured worker was receiving from the medication regimen was making a difference in his life; the injured worker noted that he was functioning overall at baseline; the injured worker was able to tolerate pain medication without adverse effects; the injured worker did not display any aberrant drug-taking behaviors; and current medications were reviewed with the injured worker. Medical records from 07/28/2014 noted the injured worker to be permanent and stationary. On 11/24/2014, Utilization Review noncertified the prescription for retrospective urine toxicology drug screen for the date of service of 10/16/2014. The prescription for urine toxicology drug screen was noncertified based on CA MTUS Chronic Pain Treatment Guidelines with the Utilization Review noting that the medical records lacked documentation of provider concern for use of illicit drugs or for noncompliance of prescription medications, what the results of the screen were, and no documentation of any action taken secondary to those results.

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

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

#### **URINE TOXICOLOGY(DRUG SCREEN): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug toxicology screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screens

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are low back pain with right L5 and S1 radiculopathy; s/p anterior fusion L4-L5 on 2/28/2012; and neck pain s/p fusion at C5-C6. Subjectively, the injured worker complains of increased neck pain, pain radiates to the shoulders bilaterally and upper back. He takes Norco (six per day) for pain control. Objectively, there is decreased range of motion of the cervical spine. The documentation does not contain a risk assessment indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. The risk assessment determines at what frequency urine drug toxicology screens are appropriate. Urine drug screen from July 16, 2014 was in the medical record that was consistent with prescribed medications, but inconsistent for alcohol. The treating physician requested a second urine drug toxicology screen, but did not provide the clinical rationale. Consequently, absent clinical

documentation/rationale to repeat the urine drug screen and a risk assessment, urine drug toxicology testing is not medically necessary.