

<b>Case Number:</b>	CM14-0201942		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 45 year-old male with a 12/22/2011 date of injury. According to the 10/31/14 psychiatry/pain management report, the patient presents with 6/10 low back pain that radiates to the buttocks and bilateral posterior thighs. The current medications were listed as temazepam, Percocet; medical THC and insulin. His diagnoses included positive percutaneous SCS trial; failed back surgery syndrome; post laminectomy L3/4 and L4/5; lumbar radiculopathy; neuropathic pain; lumbar disc protrusions, facet arthropathy, sprain and type II diabetes. The physician recommended the urine drug screen. Twelve medical reports are provided for review from 4/24/14 through 11/1/14. On 4/24/14 the physician requested a 12 panel UDS and the 4/25/14 toxicology report states they tested for fentanyl which was negative. The 4/24/14 report does not show that fentanyl was ever requested. The next UDS was requested on 6/19/14 and states the prior UDS was consistent. The next UDS was on 10/31/14 and was reported as consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: In-office random 12-panel Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** The patient is a 45 year-old male who injured his back on 12/22/11 and manages his pain with Percocet, Restoril and medical THC. He has had 3 urine drug screens in 2014 between 4/23/14 and 10/31/14. The urine drug screens have been consistent and there was no mention that the patient is above low risk for aberrant behavior. This request is retrospective for the last urine drug screen that was performed on 10/31/14. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg. 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior; however the issue in this case appears to be the frequency of drug testing. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. The medical records provided did not document the patient being above low-risk. The patient already had consistent urine drug testing on 4/24/14 and 6/19/14, so the retrospective urine drug screen on 10/31/14 is not in accordance with the frequency listed under ODG guidelines. The request for "Retro: In-office random 12-panel Urine Drug Screen" is not medically necessary.