

<b>Case Number:</b>	CM14-0206518		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 72 year old male with an injury date of 09/18/01. Based on the 12/04/14 progress report provided by treating physician, the patient complains of lumbar spine pain with weakness that is affecting his lower extremities. Patient is status post right knee total replacement 02/03/14, per treater report dated 03/24/14. Physical examination to the lumbar spine on 09/04/14 revealed tenderness, myospasm and reversal of lordosis. Flexion decreased to 60 degrees. Positive straight leg raise test on the right. X-Rays of the lumbar spine show advanced degenerative disc disease at the L5-S1 space. Treater states in progress report dated 03/24/14 that patient requested refills for Tylenol #3. Per treater report dated 12/04/14, patient has been prescribed Ibuprofen, and treater is requesting urine toxicology to "check efficacy of medications." Per progress report dated 10/23/14, treater is requesting referral to spine specialist due to patient's persistent low back pain. Per treater report dated 03/24/14, the patient is retired, and has reached permanent and stationary status on 11/25/13. Diagnosis 09/04/14- lumbar spine disc herniation at L5-S1 with degenerative disc disease- right foot drop gait. The utilization review determination being challenged is dated 11/10/14. Treatment reports were provided from 08/19/13 - 12/04/14.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter ,  
Urine drug testing

**Decision rationale:** While the MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clearer recommendation. The ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per the physician's report dated 12/04/14, patient has been prescribed Ibuprofen, and the physician is requesting urine toxicology to "check efficacy of medications." It appears the patient has been on postoperative opiate therapy, as the physician states in a progress report dated 03/24/14 that patient requested refills for Tylenol #3. The patient may have been dispensed prescribed medications that were not discussed. The ODG and the MTUS do support periodic urine toxicology for opiate management. There is no documentation of prior UDS's, and the request appears reasonable. Therefore the urine toxicology screen is medically necessary.

**Referral to spine specialist:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Referral to Specialist.

**Decision rationale:** ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 10/23/14, the physician is requesting a referral to a spine specialist due to the patient's persistent low back pain. The physician also states that he "would like to obtain the doctor's comments and treatment recommendation in this case." Given the patient's condition, it appears that the patient would benefit from the consult with a spine specialist. Therefore, the request is medically necessary.

