

<b>Case Number:</b>	CM14-0207057		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 39-year-old male with an injury date of 07/16/2009. Based on the 02/19/2014 progress report, the patient complains of having low back pain and thoracic spine pain which he rates as a 3/10. He has spasms and burning sensations in his upper and lower back. The 06/26/2014 report indicates the patient continues to have lower back pain. No additional positive exam findings were provided on this report. The 10/15/2014 report states that the patient is currently taking tramadol, lidocaine patches, and Soma. He has stiffness in his lower back, which goes down to his right leg. "It goes about halfway past his knees into his ankle, but only when it spasms." No additional positive exam findings were provided on this report either. The patient's diagnoses include the following: 1. Thoracic sprain. 2. Lumbar sprain. 3. Pain in thoracic spine. 4. Chronic low back pain. The utilization review determination being challenged is dated 11/13/2014. There were treatment reports provided from 02/19/2014, 06/26/2014, and 10/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 10/15/14), Urine Drug Screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for use of Urine Drug Testing

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

**Decision rationale:** The injured worker presents with low back pain. The retrospective request is for Urine Drug Screen, (DOS 10/15/2014). The utilization review denial rationale is that, "There is no reason to perform confirmatory testing unless the testing reveals inappropriate or other unexpected results. In this case, there currently and previously is no evidence noted of aberrant behavior, and the review of the CURES report for this injured worker documents that the injured worker is not prescribed the higher dose of controlled medication." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The report with the request was not provided nor was there discussion regarding a UDS provided in any of the reports. The 10/15/2014 report indicates that the injured worker is currently taking tramadol, lidocaine patches, and Soma. There are no prior urine drug screens provided for review, nor has the treating physician documented that the injured worker is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this injured worker being at risk for any aberrant behaviors. However, the injured worker is currently on tramadol, and monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested Urine Drug Screen is medically necessary.