

<b>Case Number:</b>	CM14-0218067		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on June 28, 2003. The diagnoses have included degeneration of the lumbar or lumbosacral intervertebral disc. Treatment to date has included cervical discopathy with disc displacement, lumbar discopathy with disc displacement and stenosis and right sacroiliac sprain. Currently, the injured worker complains of neck pain which radiating down the upper extremities and low back pain which radiated down the lower extremities associated with numbness and tingling. The pain in the right leg is greater than the left and he has right sacroiliac joint pain which is aggravated by bending, twisting and direct pressure. The evaluating physician noted that a urine toxicology screen did not show any of the medications that have been prescribed and the injured worker reported that he continues to take his medication but indicates that sometimes he runs out of the medications before the urine is collected. The injured worker noted tenderness in the cervical and lumbar spine and a decreased range of motion. On December 22, 2014 Utilization Review non-certified a request for urine toxicology testing, noting that the injured worker had not been using his pain medication and therefore no clear reasoning for urine drug screen test. The California Medical Treatment Utilization Schedule was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Urine toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with neck and low back pain that radiates into the lower and upper extremities. The current request is for URINE TOXICOLOGY TESTING. The MTUS Guidelines page 76 under opiate management: "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. The utilization review denied the request stating that patient was given medications and instructions were for UDS to be ordered in 60-90 days and "authorization does not indicate UDS in 60-90 days." The patient's medication regimen includes Fexmid, Norco, Ultram, Restoril and topical cream. There is no discussion regarding this patient being at risk for aberrant behaviors. There is no indication of any recent urine drug screens. ODG recommends once yearly random screenings for patient's that are taking opiates. Given that the patient's medication regimen includes an opiate, the requested urine screen IS medically necessary.