

<b>Case Number:</b>	CM15-0103631		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker was a 41 year old male, who sustained an industrial injury, January 27, 2011. The injured worker previously received the following treatments the random urine toxicology laboratory study was negative for any unexpected findings on January 21, 2015 and on November 18, 2014, physical therapy, home exercise program regularly, Skelaxin, Celebrex, Omeprazole, Motrin and Tramadol. The injured worker was diagnosed with degeneration of the lumbar or lumbosacral intervertebral disc, thoracic degenerative disc disease, headache, numbness, muscle pain, lumbar radiculitis, low back pain cervical spine degenerative disc disease and neck pain. According to progress note on January 21, 2015, the injured workers chief complaint was ongoing neck, mid back and low back pain. The injured worker continued to have pain daily. The pain level fluctuates. The injured felt the mediations allowed the injured worker to remain functional. The injured worker could continue to work and performing own activities of daily living. The injured medications were helpful and well tolerated. The pain was better with mediation, physical therapy, alternating sitting with standing. The pain was worse with sitting for long periods of time, standing, walking, bending, lifting, and sleeping on the sides. The injured worker rated the pain 8 out of 10 without medications and 2 out of 10 with medications. The physical exam noted tenderness of the cervical paraspinals and cervical facet joints. There was reduced range of motion in all planes. The physical exam of the lumbar spine noted decreased sensation was altered in the right calf and right subscapular area laterally. There was tenderness with palpation over the thoracic and lumbar paraspinals. There was full active range of motion of the lumbar spine. The treatment plan included a urine drug screening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen with a dos of 4/1/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Screens.

**Decision rationale:** MTUS Guidelines recommend urine drug screening when opioids are used on a long term basis. However, the Guidelines do not address what is a reasonable cause and frequency for repeat testing. The Guidelines state that annual testing is recommended for individuals without risk for misuse. There is no documentation a high risk for misuse. Guidelines do not support repeat testing under these circumstances as prior testing was performed on 11/18/14 and 2/21/15. There are no unusual circumstances to support an exception to Guidelines. The retrospective urine drug screen dos 4/1/15 was not medically necessary or reasonable.