

<b>Case Number:</b>	CM15-0106163		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/20/2001
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: 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 (IW) is a 59 year old male who sustained an industrial injury on 03/20/2001. He reported injury following a MVA. The injured worker was diagnosed as having herniated nucleus pulposus (HNP) of the lumbar spine, HNP of the Cervical spine, Grade I anterolisthesis C7-T1, adjacent segment disease of the cervical and lumbar spine, situation post C6-7 anterior cervical decompression and fusion (2007); bilateral S1 radiculopathy, situation post L4-5 and L5-S1 lumbar fusion; cervical myofascial pain and situation post bilateral hip replacements. Treatment to date has included physical therapy, medications, Chiropractic care, and multiple cervical and lumbar injections with development of necrosis in the hips due to multiple injections. Currently, the injured worker complains of neck pain rated 6/10 described as a constant, left-sided only with stabbing, burning, numbness and pain and aggravated by holding his head in one position for a long period of time and also aggravated by repetitive motion. He complains of low back pain rated 2-3/10 that can increase to a 10/10 when standing up and walking after sitting. This pain is described as a stabbing pain on the left side that radiates down his mid-thigh. He also complains of a minor rare burning pain in the right thigh. On examination, he has tenderness to palpation of the cervical and lumbar paraspinous regions, cervical muscle spasm, and pain with bilateral facet loading of the cervical spine. He has intact lower extremity sensation, decreased sensation right C6 dermatome. Right Spurling's test causes radiation of tingling down arm to hand. An EMG study (06/19/2013) showed no cervical radiculopathy, and evidence of bilateral S1 radiculopathy. A MRI of the lumbar spine (07/24/2013 showed post op change of L4-5 and L5-S1 with mild to moderate canal stenosis

with narrowing of the lateral recess, and neural foraminal narrowing L3-4, moderate on the right, and severe on the left, and mild to moderate bilateral neural foraminal narrowing on L4-5. Medications include Tylenol #3, Naproxen 550, and Ketoprofen cream. He states the medications do significantly decrease his pain from a 9-10/10 down to a 2-3/10. He no longer uses the Ketoprofen as much but it is effective when used. A transforaminal epidural steroid injection for bilateral lumbar and lumbar joints was authorized 04/10/2015. A request for a Urine Drug screen x10 is submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Urine Drug Screen x 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (updated 4/30/15), Criteria for use of urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen x 10 is not medically necessary and appropriate.