

<b>Case Number:</b>	CM15-0130267		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical discopathy with disc displacement, lumbar discopathy with disc displacement and stenosis and right sacroiliac arthropathy. Treatment to date has included medications, injections, transcutaneous electrical nerve stimulation unit, compound creams and home exercises. On March 23, 2015, the injured worker complained of cervical spine pain and lumbar spine pain. Medications and compound creams were noted to be helpful in alleviating some of the pain. The treatment plan included medications and a urine toxicology testing in sixty to ninety days. In reported dated November 3, 2014, the urine toxicology screen did not show any of the medications that have been prescribed. The injured worker claimed he continues to take the medications but sometimes runs out before the urine screen is collected. On June 30, 2015, Utilization Review non-certified the request for urine toxicology testing, citing California MTUS Guidelines.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

**Decision rationale:** CA MTUS Guidelines recommend drug testing as an option, using a urine drug screen (UDS) to assess for the use or presence of illegal drugs. The Opioids, criteria for use section of the MTUS Guidelines contains further information. In this case, the claimant complains of chronic neck and lumbar pain. The patient is being prescribed two opioid medications. A UDS dated 11/3/2014 was negative for any medications prescribed. The worker claims he runs out of medication prior to the UDS. The patient was last seen 3/23/15 and his medications were refilled with a plan for a UDS in 60-90 days. In this case, the previous UDS was 9 months prior and was inconsistent. It appears that this patient may have a compliance and/or diversion issue, placing him at increased risk. ODG recommends 2-3 times a year UDS for inappropriate or unexplained results in moderate risk patients. This request is found to be medically necessary and appropriate.