

<b>Case Number:</b>	CM15-0131539		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 77-year-old male, who sustained an industrial injury on 03/12/2003. He has reported injury to the low back. The diagnoses have included low back pain; lumbar postlaminectomy syndrome; and status post posterior lumbar interbody fusion at L1-2, L2-3, L3-4, L4-5, and L5-S1, in 08/2010. Treatment to date has included medications, diagnostics, epidural steroid injection, aquatic therapy, physical therapy, and surgical intervention. Medications have included Celebrex, Norco, Valium, Lidoderm Patch, LidoPro ointment, and Prilosec. A progress report from the treating provider, dated 06/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain which has progressively worsened over the past few months with radicular symptoms to his lower extremities; this continues to limit both his mobility and activity tolerance; he is unable to sleep comfortably; he gets about three to four hours of sleep at night; he just completed a 16-session stretch of physical therapy mixed with aqua therapy which did help him function and loosen up some, but now that is over, and the pain has returned; and he gets significant gastrointestinal medication-induced gastritis symptoms, requiring him to take Prilosec twice a day. Objective findings included mild to moderate distress; significant tenderness to palpation bilaterally of the lumbar spine with severe muscle rigidity; there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; he has a profound loss of range of motion with obvious muscle guarding; decreased sensation along the posterolateral thigh and posterolateral calf in the left; and the straight leg raise is positive on the left. The treatment plan has included the request for retrospective toxicology, urine drug screen (date of service: 04/03/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Toxicology, Urine Drug Screen (DOS 04/03/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the lower back with stiffness and problems sleeping. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. However, clinical records from the requested date of service were unable to be located among the documentation submitted for review, and confirmation of the treatment recommendations for that date was unable to be confirmed. For this reason, the current request for a urine drug toxicology screen for the date of service 04/03/2015 is not medically necessary.