

<b>Case Number:</b>	CM15-0132204		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 50 year old female, who sustained an industrial injury on 8/12/11. Initial complaints were not reviewed. The injured worker was diagnosed as having degenerative lumbar disease; lumbosacral intervertebral disc; other symptoms referable back; chronic low back pain and bilateral lower extremity pain. Treatment to date has included physical therapy; epidural steroid injections (11/2014; 5/6/15); medications. Currently, the PR-2 notes dated 6/23/15 indicated the injured worker presents on this date (5/19/15) for pain management re-evaluation. The injured worker reports improvement on the ongoing left lower back pain since her second transforaminal epidural steroid injection on 5/6/15. She reports she must seek a different orthopedic physician for her lower extremities as her provider is no longer in practice. On physical examination, he notes her gait is antalgic and slow. She can heel/toe walk but slowly. She has spasms in the low back worse on the right than left. Her range of motion in the low back has decreased. In the lower extremities, deep tendon reflexes are symmetrical, but decreased in both knees and ankles. Straight leg raise test is positive in both lower extremities, slightly worse on the left. Sensory and motor exam are negative bilaterally. She has signed a drug screening contract submitted in the records and it is dated 6/23/15. The provider is requesting authorization of urine drug screen on 7/21/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen on 7/21/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.