

<b>Case Number:</b>	CM15-0136776		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 33 year old female, who sustained an industrial injury on 4/20/14. Initial complaints were of neck and low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease; radiculopathy; lumbosacral spondylosis without myelopathy; lumbar facet arthropathy; cervical strain with multilevel disc protrusions; cervical disc bulge C5-C6, C6-C7; chronic cervical strain. Treatment to date has included physical therapy; chiropractic therapy, acupuncture; biofeedback; urine drug screening; bilateral facet diagnostic nerve block L4-5, L5-S1 4/29/15); radiofrequency lesioning medial branch nerves (6/10/15; 6/25/15); medications. Diagnostics studies included CT scan cervical spine; brain (4/20/14); MRI left knee (4/23/14); MRI cervical spine (4/23/14); MRI lumbar spine (5/27/14); EMG/NCV study bilateral lower extremities (11/7/14); MRI sacrum and coccyx without contrast (3/20/15). Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of low back and lower extremity pain. She is seen on this day as a follow-up appointment before her bilateral facet injections. She had the bilateral facet diagnostic nerve bloc L4-5, L5-S1 on 4/29/15 and then radiofrequency lesioning of L2, L3 and L4 medial branch nerves on 6/10/15 and then on 6/25/15. She reports a recent visit with her primary treating physician to discuss findings of her MRI sacrum and coccyx and she states it showed significant inflammation without definite fracture. She still describes the lumbosacral pain left greater than the right with dyesthesias radiating into the lateral sacral aspect of her proximal left lower leg. She continues to take Tramadol generally three per day and reports that it continues to provide significant functional or symptomatic improvement enabling her to perform essential activities of daily living. She reports

the pain is significantly worse without the medications. She rates her pain as 5/10 and at its worst 10/10. On physical examination, the provider documents a normal gait, bilateral lumbosacral paraspinous tenderness, worst bilaterally at the lumbosacral junction and also over the midline over the sacrum. She complains of pain with extension of the low back. Straight leg raise is just mildly positive at near full extension on the left. There is no Tinel's sign over the lateral femoral cutaneous nerve. Her sensation to light touch is intact in the lower extremities. The provider is requesting authorization of retrospective urine drug screen for date of service 5/19/15 that was consistent with Tramadol prescription.

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

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

#### **Retrospective Urine Drug Screen (DOS 5/19/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service May 19, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; radiculopathy; lumbosacral spondylosis without myelopathy; lumbar facet arthropathy cervical strain with multilevel disc protrusion; cervical disc bulge; and chronic cervical strain. The date of injury is April 20, 2014. The request for authorization is June 16, 2015. According to a May 19, 2015 progress note, the injured worker has ongoing low back pain. Medications include tramadol only. The CURES report is unremarkable. There is no documentation demonstrating aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines and no aberrant drug-related behavior, drug misuse or abuse, retrospective urine drug testing date of service May 19, 2015 is not medically necessary.